2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# M01000001144

Entity Name: ADCOMPLETE.COM, LLC

Current Principal Place of Business:

4065 SHADY VIEW LN
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

4065 SHADY VIEW LN
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 56-2078035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALMOND, SCOTT D
1065 NASH DR
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

ALMOND, SCOTT D
4065 SHADY VIEW LN
TALLAHASSEE, FL 32311 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALMOND, SCOTT D
Address: 1065 NASH DR
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete
Name: ROHRBACH, JOSEPH W
Address: 1065 NASH DR
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALMOND, SCOTT D
Address: 4065 SHADY VIEW LN
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM (X) Change ( ) Addition
Name: ROHRBACH, JOSEPH W
Address: 4065 SHADY VIEW LN
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SCOTT ALMOND MGRM 03/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date