2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000001988

1. Entity Name ADANSON BUSINESS CENTER, LLC

Principal Place of Business

C/O TALLEY BOX COMPANY LTD. P.O. BOX 490817 LEESBURG, FL 34749

Mailing Address

C/O TALLEY BOX COMPANY LTD. P.O. 80X 490817 LEESBURG, FL 34749

FILED Apr 28, 2006 08:00 AM Secretary of State



04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

\$5.00 Additional X Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

TALLEY, WILLIAM G JR. 900 N. 14TH STREET LEESBURG, FL 34748

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		}			
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d affice or registered agent, or both, in the S	tate of Florida. I am familiar with, and accu	spi.
SIGNATURE_					
Signature, typed or primed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Fi D	iling Fee is \$50.00 ke by May 1, 2006	-	05/1	100 0 00540620 0706-80020-020 55.00	
8.	MANAGING MEMBERS/MANAGERS				
itle Name Sireet address City-St-Zip	MGR TALLEY, WILLIAM G JR 2206 TALLEY COURT RD. LEESBURG, FL 34748				
Title Name Sireei Address City-St-Zip					
TITLE NAME STIMEET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TIFLE NAME STREET ADDRESS CITY-SI-ZIP					

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

TITLE NAME STREET ADDRESS City-ST-21P

URE: William G. Talley, J signature and typed or printed name of signing managing member, or authorized representative

4.26.06

407-629-5595