


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003309
 1. Entity Name
 ADAPT 4, LLC



Principal Place of Business
 605 N. JOHN RODES BLVD.
 MELBOURNE, FL 32934

Mailing Address
 605 N. JOHN RODES BLVD.
 MELBOURNE, FL 32934



01072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number
 90-0096321

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DATA FLOW SYSTEMS, INC.
 ATTN: GARY HUDSON
 605 N. JOHN RODES BLVD.
 MELBOURNE, FL 32934

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Signing Fee is \$50.00
Due by May 1, 2004

RECORDED
 (14-13749-20045-005 50.00)

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMAIDRIS, THOMAS F 605 N. JOHN RODES BLVD. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUNDERS, R. BRENT 605 N. JOHN RODES BLVD. MELBOURNE, FL 32934
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Thomas J. Saunders 04/08/04 321-259-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #