


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90028 020 ****55.00

DOCUMENT # M06000004841	
1. Entity Name ADLEX, LLC	

Principal Place of Business 777 YAMATO ROAD STE 300 BOCA RATON, FL 33431	Mailing Address P.O. BOX 1340 ZEPHYR COVE, NV 89448
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200004841



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 777 YAMATO ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 300	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip	Country
		33431	USA

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0489272	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIESEN, GARTH 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIESEN, GARTH 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Garth Friesen, Manager

April 5, 2007 (561) 544-4400

Date

Daytime Phone #