2005 LIMITED LIABILITY COMPANY

FILED Jun 13, 2005 8:00 am

	ANNUAL R	EPOHI (AK)		4	Secret	ary of St	ate
DOCUMENT # L04000048658 1. Entity Name THIRD ADVENTURE, LLC						5 90048 012 ****5:	
ININO AL	VENTURE, LEC		1				
Principal Place of Business Mailing Address						30009406	<u>,</u>
	AVENUE, STE: 214 ACH FL 33483	STE: 214 3483	214				
	lace of Business ederal Huu # 200	3. Mailing Address	nu Subo 7	200			
Suite, Apt.		Surte, Apt. #, etc.	w muc i		1st MOORE	CR2E083 (10/04)	
City & State	9	City & State		4. FEI	Number 55-08	2079 <i>5-</i> 211	pplied For
Zip	Country	Zip	Country	5. Ce	rtificate of Status Desire	\$5.00	iditional
	6. Name and Address of Current	Registered Agent		7, Na	me and Address of Ne	······································	
			Name			•	
ZENGAGE, JIM 7 5 N.E. 8TH AVENUE, STE. 2 14 DELRAY BEACH FL 33483			J120	ddress (B.O. Boo S F.E.C.	Number is Not Accept		
			City		<u> </u>	FL Zip Cod	de .
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registered office or	r registered agen	t, or both, in the State of	of Florida. I am familiar with	, and accept
SIGNATURE .	Signature, typed of primited name of registered agent	and tale if applicable (NOT	E. Regulered Agent signer	ure required when reins	tatung)	DATE	
		FILE N	OW!!! FEE IS S	50.00			
		Make Check Payab			ate.		
			e By May 1, 200	5 			
9. HTLE	MANAGING MEMBE	RS/MANAGEHS	10.	Τ	ADDITIO	NS/CHANGES Change	☐ Addition
NAME	RETAIL CONCEPTS, INC.	LJ Date	NAME				
STREET ADDRESS CITY-ST-ZIP	75 N.E. 67H AVENUE, STE. 214* DELRAY BEACH FL 33483	<u></u>	STREET ADDRESS CHY-ST-ZIP	1120 5	.Federal H		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
10LE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			~ _	
CITY-ST-ZIP			CITY-ST-ZP				
TITLE		☐ Delete	DITE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-SI-ZIP			C11Y-ST-71P				
TITLE		☐ Delete	nite			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADORESS				
CITA-21-SIb			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME ctrrs approxim				1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				l
	certify that the information supplied with	h this filing does not qualify to		ted in Section 11	9 07/3Vi) Florida Statu	tas I further certify that the	information
indicator	on this report is true and accurate and ability company or the receiver objects	l that my signature shall have	the same legal effe	act as if made uni	deroath that I am a mu	anaging member or manag	er of the

SIGNATURE:

SIGNAT

4/25/05