2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L03000004595

Entity Name: DEEP SEA ADVENTURES, LLC

Current Principal Place of Business:

1125 48TH STREET
UNIT # 4
MANGONIA PARK, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1125 48TH STREET
UNIT # 4
MANGONIA PARK, FL 33407 US

New Mailing Address:

FEI Number: 72-1553919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL J. MCHALE, P.A.
1925 N.E. RICOU TERRACE
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LAHEY, PATRICK J	
Address:	2585 QUAY DOCK ROAD	
City-St-Zip:	VERO BEACH, FL 32967 US	
Title:	MGRM	( ) Delete
Name:	WICKLUND, ROBERT W	
Address:	11920 46TH PLACE NORTH	
City-St-Zip:	ROYAL PALM BEACH, FL 33411 US	
Title:	MGRM	( ) Delete
Name:	NEUNZIG, WILLIAM P	
Address:	733 NORTH CRESENT DRIVE	
City-St-Zip:	HOLLYWOOD, FL 33021 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT W.WICKLUND TREA 03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date