

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016584

Entity Name: A CHILD'S ADVENTURE, LLC

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

5931 FROND WAY  
APOLLO BEACH, FL 33572

## New Principal Place of Business:

## Current Mailing Address:

829 BLUE HERON BLVD.  
RUSKIN, FL 33570

## New Mailing Address:

FEI Number: 20-0243381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARD, CAROL H  
829 BLUE HERON BLVD.  
RUSKIN, FL 33570 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: WIGGINS, CHARLENE F  
Address: 118 NW 2ND ST  
City-St-Zip: RUSKIN, FL 33570

Title: MGR ( ) Delete  
Name: WARD, CAROL H  
Address: 829 BLUE HERON BLVD  
City-St-Zip: RUSKIN, FL 33570

Title: MGR ( ) Delete  
Name: WARD, WESLEY L  
Address: 829 BLUE HERON BLVD  
City-St-Zip: RUSKIN, FL 33570

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WIGGINS, CHARLENE F  
Address: 118 N.W. 2ND. ST.  
City-St-Zip: RUSKIN, FL 33570

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: CAROL H. WARD

MGR

01/07/2009

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