2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

REJECTED
04-30-2004 90059 009 ****50.00
FILED L03000018482
2004 JUL -1 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L03000018482

1. Entity Name
ADVENTURES MARKETING, LLC

Principal Place of Business	Mailing Address
1050 S. FEDERAL HIGHWAY #146 DELRAY BEACH, FL 33483	1050 S. FEDERAL HIGHWAY #146 DELRAY BEACH, FL 33483

04262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Same		85 SE 4th Ave	
Suite, Apt. #, etc. #127		Suite, Apt. #, etc. #104	
City & State Same		City & State Delray Bch FL	
Zip Same	Country USA	Zip 33483	Country USA

4. FEI Number 86-1067274 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEAVER, DAVID
85 SE 4TH AVENUE #104
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert A. Ross 1050 S. Federal Hwy #127 Delray Bch, Fl 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Robert Ross 4.26.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #