2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L03000023078

Entity Name: ADVANCED RECREATIONAL CONCEPTS, LLC

Current Principal Place of Business:

109 E. 17TH STREET
ST. CLOUD, FL 34769 US

New Principal Place of Business:

3125 SKYWAY CIRCLE
MELBOURE, FL 32934 US

Current Mailing Address:

109 E. 17TH STREET
ST. CLOUD, FL 34769 US

New Mailing Address:

3125 SKYWAY CIRCLE
MELBOURNE, FL 32934 US

FEI Number: 20-0520823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, RICHARD
524 SIMPSON ROAD
KISSIMMEE, FL 34744 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: MGR ( ) Delete
Name: ANTONACCI, DAVID
Address: 210 DOGWOOD AVE.
City-St-Zip: MELBOURNE, FL 32951 US

Title: MGR ( ) Delete
Name: GONZALEZ, LAZARO
Address: 440 SEVENTH AVE.
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MGR ( ) Delete
Name: KEY, COLLEEN
Address: 3083 FORREST CREEK DRIVE
City-St-Zip: MELBOURNE, FL 32901 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: COLLEEN KEY MGR 04/29/2007

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