


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000055451</b> 1. Entity Name F.Y.I. ADVENTURES, LLC	
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Principal Place of Business 8285 NW 47 ST OCALA, FL 34482	Mailing Address 8285 NW 47 ST OCALA, FL 34482
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**DO NOT WRITE IN THIS SPACE**



05082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1694010	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  YOUNG, IVAN F 8285 NW 47TH ST OCALA, FL 34482
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YOUNG, IVAN F 8285 NW 47 ST OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YOUNG, JEAN 8285 NW 47 ST OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YOUNG, IVAN D 8285 NW 47 ST OCALA, FL 34482
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05/30/07-80006-005 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <i>Jean Young</i> <i>Jean Young, Mgr</i>	<i>5-09-07</i>	<i>352-694-4560</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>