## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000046428** 

1. Entity Name ADVENTURE HOLDINGS, LLC



Principal Place of Business

2315 BEACH BLVD

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED N

**STE 203** 

JACKSONVILLE BEACH, FL 32250-4033

Mailing Address

2315 BEACH BLVD

STE 203

JACKSONVILLE BEACH, FL 32250-4033

## **FILED** Mar 26, 2007 08:00 AM Secretary of State



02202007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	20-1287061

Not Applicable \$5,00 Additional

Applied For

5. Certificate of Status Desired

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6.	Name	and Addre	ss of Current Re	edistered Agent

STONEBURNER BERRY & SIMMONS, P.A. 841 PRUDENTIAL DRIVE STE. 1400 JACKSONVILLE, FL 32207

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the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and 65e if applicable.	(NOTE: Registered Agent signature required when (cinatating) DATE			
Filling Fee Is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODBURN, IIENRY P 2315 BEACH BLVD, STE 203 JACKSONVILLE BEACH, FL 322504023				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		04	000000678743 /03/07-80011-004 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	·				

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.

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE