2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-\$T-ZIP

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # L04000046428 04-17-2008 90162 023 ***138.75 ADVENTURE HOLDINGS, LLC Principal Place of Business Mailing Address 2315 BEACH BLVD 2315 BEACH BLVD 50003878 **STE 203** STE 203 JACKSONVILLE BEACH, FL 32250-4033 JACKSONVILLE BEACH, FL 32250-4033 04052008 No Chg-LLC . CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1287061 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STONEBURNER BERRY & SIMMONG, P.A. Sidney Simmons 841 PRUDENTIAL DRIVE STE. 4400, 1050 Riverside Ave. DO NOT WRITE JACKSONVILLE, FL 92207 32204 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 Rorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME WOODBURN, IIENRY P STREET ADDRESS 2315 BEACH BLVD, STE 203 CITY-ST-ZIP JACKSONVILLE BEACH, FL 322504023- 33 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

FILED

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.

SIGNATURE: HENRY P. Woodling	4/9/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	bate /	Daytime Phone #