

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90119 025 \*\*\*138.75

**DOCUMENT # L04000046431**

1. Entity Name  
4825 BLANDING BOULEVARD, LLC



Principal Place of Business

4825 BLANDING BLVD  
JACKSONVILLE, FL 32210

Mailing Address

2315 BEACH BLVD  
STE 203  
JACKSONVILLE BEACH, FL 32250

00000000



04052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1287152

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A. *Sidney Simmons*  
841 PRUDENTIAL DRIVE STE. 1400 *1050 Riverside Ave.*  
JACKSONVILLE, FL ~~32207~~ *32204*

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ADVENTURE HOLDINGS, LLC
STREET ADDRESS	2315 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Harvey P. Woodburn*  
*4/9/08*

Date

Daytime Phone #