

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061207

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: REVOLUTION THE OFF ROAD EXPERIENCE LLC

**Current Principal Place of Business:**

4000 SR 33  
CLERMONT, FL 34714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 136322  
CLERMONT, FL 34713 US

**New Mailing Address:**

FEI Number: 83-0489206      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOWETT, KEVIN H  
17120 CYPRESSWOOD WAY  
CLERMONT, FL 34714 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: JOWETT, KEVIN H  
Address: 17120 CYPRESSWOOD WAY  
City-St-Zip: CLERMONT, FL 34714

**ADDITIONS/CHANGES:**

Title: MGR (X) Delete  
Name: JOWETT, AUDREY J  
Address: 17120 CYPRESSWOOD WAY  
City-St-Zip: CLERMONT, FL 34714

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: KEVIN H JOWETT

MNG

03/16/2009

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