

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066237

Entity Name: TLC ADVENTURES, LLC

FILED  
Apr 17, 2006  
Secretary of State

**Current Principal Place of Business:**

13820 ST. AUGUSTINE ROAD  
209  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

13820 ST. AUGUSTINE ROAD  
209  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 34-2018268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIUS, CHRISTOPHER J  
13820 ST. AUGUSTINE ROAD  
201  
JACKSONVILLE, FL 32258 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: MGRM ( ) Delete  
Name: PIUS, CHRISTOPHER J  
Address: 13820 ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32258 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER J. PIUS

MGRM

04/17/2006

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