

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075932

FILED  
Jan 26, 2006  
Secretary of State

**Entity Name:** GREAT ADVENTURE IN REAL ESTATE, L.L.C.

**Current Principal Place of Business:**

8710 TIERRA LAGO COVE  
LAKEWORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

8710 TIERRA LAGO COVE  
LAKEWORTH, FL 33467

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

DIFLORIO, CAROLE  
8710 TIERRA LAGO COVE  
LAKEWORTH, FL 33467 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: APPIS, CAROLINE  
Address: 8526 SW SEA CAPTAIN DR.  
City-St-Zip: STUART, FL 34997

Title: MGR ( ) Delete  
Name: DALTON, WILLIAM  
Address: 11508 BEACON POINT LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete  
Name: DIFLORIO, CAROLE  
Address: 8710 TIERRA COVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR ( ) Delete  
Name: TRITTIPO, THOMAS  
Address: 8526 SW SEA CAPTAIN DR.  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

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

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

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 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: CAROLINE APPIS

MANA

01/26/2006

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