
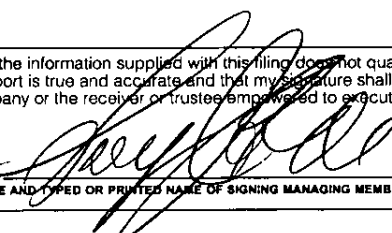


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90117 028 ****50.00

DOCUMENT # L04000077716																										
1. Entity Name TNT ADVENTURES, LLC																										
Principal Place of Business 5672 STRAND COURT UNIT #3 NAPLES, FL 34110 US			Mailing Address 5672 STRAND COURT UNIT #3 NAPLES, FL 34110 US																							
2. Principal Place of Business - No P.O. Box # 3825 BECK BLVD.		3. Mailing Address 3825 BECK BLVD.																								
Suite, Apt. #, etc. SUITE #721		Suite, Apt. #, etc. SUITE #721																								
City & State NAPLES, FL		City & State NAPLES, FL																								
Zip 34114	Country USA	Zip 34114	Country USA	4. FEI Number 20-2076987																						
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																						
6. Name and Address of Current Registered Agent GODE, LARRY J 5672 STRAND CT SUITE 3 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name GODE, LARRY J. Street Address (P.O. Box Number is Not Acceptable) 3825 BECK BLVD. SUITE #721 City NAPLES FL Zip Code 34114																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">MGRM</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">GODE, LARRY J</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">5672 STRAND COURT, UNIT 3</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NAPLES, FL 34110</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">GODE, LARRY J.</td> <td style="width: 20%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">3825 BECK BLVD. SUITE #721</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">NAPLES, FL 34114</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GODE, LARRY J		STREET ADDRESS	5672 STRAND COURT, UNIT 3		CITY-ST-ZIP	NAPLES, FL 34110		TITLE	GODE, LARRY J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	3825 BECK BLVD. SUITE #721		STREET ADDRESS	NAPLES, FL 34114	
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE																										
Date: 2/20/07																										
Daytime Phone #																										