#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L04000077716

1. Entity Name
TNT ADVENTURES, LLC

FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business

3825 BECK BLVD

SUITE 721 NAPLES, FL 34114 US Mailing Address

3825 BECK BLVD

SUITE 721

NAPLES, FL 34114 US



01072008 No Chg-LLC

CR2E083 (12/07)

4. FE! Number 20-2076987

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GODE, LARRY J 3825 BECK BLVD SUITE 721 NAPLES, FL 34114

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<ol><li>The above named entity submit</li></ol>	s this statement for the purpose of changing its registe	ered office or registered agent, or both,	in the State of Florida.	I am familiar with, and accept
the obligations of registered ag				,

SIGNATURE.

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

(NOTE, Registered Agent signature required when revastating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODE, LARRY J 3825 BECK BLVD SUITE 721 NAPLES, FL 34114				
TITLE . NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

U00000835384 02/29/08-80032-013 138.75

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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 PRINZED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #