

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080242

Entity Name: CIRCUS ADVENTURES, L.C.

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

2002 N. PEARL ST
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

2002 N. PEARL ST
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 55-0886496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGENER, JEFFREY
2002 N. PEARL ST
CRESTVIEW, FL 32536 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/MEMBERS:

Title: MGRM () Delete
Name: WAGENER, JEFFREY
Address: 2002 N. PEARL ST
City-St-Zip: CRESTVIEW, FL 32536 US

Title: MGRM () Delete
Name: SHAFFER, KIMBERLY
Address: 3234 SHARER RD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM () Delete
Name: STAPP, NATHANIEL
Address: 3234 SHARER RD
City-St-Zip: TALLAHASSEE, FL 32312 US

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY WAGENER

MGRM

01/19/2005

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