

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025149

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** FLOATING ADVENTURES, LLC

**Current Principal Place of Business:**

329 GRANELLO AVE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

329 GRANELLO AVE  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-2490807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES REGISTERED AGENTS, INC.  
329 GRANELLO AVE  
CORAL GABLES, FL 33146 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: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition

Name: HOFMANN, JOHN L

Address: 329 GRANELLO AVENUE

City-St-Zip: CORAL GABLES, FL 33146

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: JOHN L. HOFMANN

MGRM

04/24/2006

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