

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097269

FILED
May 03, 2006
Secretary of State

Entity Name: DROP-IN ADVENTURES, LLC

Current Principal Place of Business:

4776 THOROUGHBRED DR
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

4776 THOROUGHBRED DR
MILTON, FL 32583

New Mailing Address:

FEI Number: 20-3571074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

CHAPMAN, TERI K MGRM
4776 THOROUGHBRED DR.
MILTON, FL 32583 US

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: TERI K. CHAPMAN

05/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAPMAN, TERI
Address: 4776 THOROUGHBRED DR
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: CHAPMAN, EDD A
Address: 4776 THOROUGHBRED DR
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: CHAPMAN, EDD A JR
Address: 6056 KINGSWOOD DR
City-St-Zip: MILTON, FL 32570

Title: MGRM (X) Delete
Name: FINSTER, MARGARET K
Address: 8204 SEVILLA ST
City-St-Zip: NAVARRE, FL 32566

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: TERI K. CHAPMAN

MGRM

05/03/2006

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