


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 036 ****50.00

DOCUMENT # L05000099384 1. Entity Name ADVENTURE TRAINING CONCEPTS, LLC	
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Principal Place of Business 3580 16TH AVENUE SE NAPLES, FL 34117 US	Mailing Address 3580 16TH AVENUE SE NAPLES, FL 34117 US
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60044989



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address PO Box 990733 Suite, Apt. #, etc.
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04162007 Chg-LLC CR2E083 (12/06)

City & State Naples, FL	City & State Naples, FL
Zip 34116	Country

4. FEI Number 20-3598794	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NICI, JAMES R ESQ. C/O COX & NICI 1185 IMMOKALEE ROAD SUITE 110 NAPLES, FL 34110

7. Name and Address of New Registered Agent Name Michelle Jones Street Address (P.O. Box Number, is Not Acceptable) 8020 LIRIOPE LP City Lehigh Acres FL Zip Code 33936

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 Michelle A. Jones <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 27 Apr 07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENTURE CONCEPTS, LLC 8020 LIRIOPE LOOP LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian W. Jones <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 27 APR 07	DAYTIME PHONE # 239-537-0356
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