
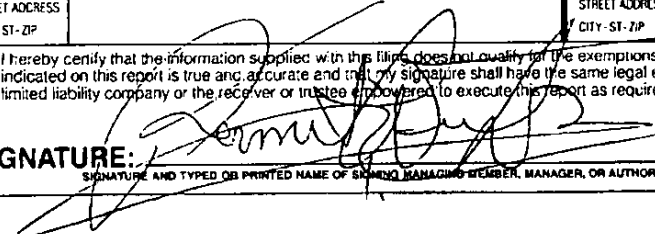


# 006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/9/2006-90094-019-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|  |                           |                                 |   |   |         |
|--|---------------------------|---------------------------------|---|---|---------|
| DOCUMENT # L05000120281  |                           |                                 |   |  |         |
| 1. Entity Name<br>THE JOURNEY LLC  |                           |                                 |   |   |         |
| Principal Place of Business<br>C/O FANTASY OF FLIGHT<br>1400 BROADWAY BLVD., S.E.<br>POLK CITY, FL 33868-1200  |                           |                                 | Mailing Address<br>C/O FANTASY OF FLIGHT<br>1400 BROADWAY BLVD., S.E.<br>POLK CITY, FL 33868-1200 |   |         |
| 2. Principal Place of Business   |                           |                                 | 3. Mailing Address  |   |         |
| Suite, Apt. #, etc.  |                           |                                 | Suite, Apt. #, etc.   |   |         |
| City & State   |                           |                                 | City & State  |   |         |
| Zip  |                           | Country                         | Zip   |   | Country |
| 4. FEI Number<br>20-3962684  |                           |                                 | Applied For<br>Not Applicable   |   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                           |                                 | \$5.00 Additional Fee Required  |   |         |
| 6. Name and Address of Current Registered Agent  |                           |                                 | 7. Name and Address of New Registered Agent   |   |         |
| WEEKS, KERMIT A<br>C/O FANTASY OF FLIGHT<br>1400 BROADWAY BLVD., S.E.<br>POLK CITY, FL 33868-1200  |                           |                                 | Name  |   |         |
|  |                           |                                 | Street Address (P.O. Box Number is Not Acceptable)  |   |         |
|  |                           |                                 | City  |   |         |
|  |                           |                                 | FL Zip Code   |   |         |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____   |                           |                                 |   |   |         |
| Filing Fee is \$50.00<br>Due by September 6, 2006  |                           |                                 | Make check payable to<br>Florida Department of State  |   |         |
| 9. MANAGING MEMBERS/MANAGERS   |                           |                                 | 10. ADDITIONS/CHANGES   |   |         |
| TITLE  | MGR                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME   | WEEKS, KERMIT A           |                                 | NAME  |   |         |
| STREET ADDRESS   | 1400 BROADWAY BLVD., S.E. |                                 | STREET ADDRESS  |   |         |
| CITY-ST-ZIP  | POLK CITY, FL 338681200   |                                 | CITY-ST-ZIP   |   |         |
| TITLE  | MGR                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME   | WEEKS, TERESA             |                                 | NAME  |   |         |
| STREET ADDRESS   | 1400 BROADWAY BLVD., S.E. |                                 | STREET ADDRESS  |   |         |
| CITY-ST-ZIP  | POLK CITY, FL 338681200   |                                 | CITY-ST-ZIP   |   |         |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME   |                           |                                 | NAME  |   |         |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS  |   |         |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP   |   |         |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME   |                           |                                 | NAME  |   |         |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS  |   |         |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP   |   |         |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME   |                           |                                 | NAME  |   |         |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS  |   |         |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP   |   |         |
| 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____   |                           |                                 |   |   |         |