


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000120281</b> 1. Entity Name THE JOURNEY LLC	
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Principal Place of Business C/O FANTASY OF FLIGHT 1400 BROADWAY BLVD., S.E. POLK CITY, FL 33868-1200	Mailing Address C/O FANTASY OF FLIGHT 1400 BROADWAY BLVD., S.E. POLK CITY, FL 33868-1200
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05152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3962684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  WEEKS, KERMIT A C/O FANTASY OF FLIGHT 1400 BROADWAY BLVD., S.E. POLK CITY, FL 33868-1200
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

U000000768340  
07/12/07-80005-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEEKS, KERMIT A 1400 BROADWAY BLVD., S.E. POLK CITY, FL 338681200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEEKS, TERESA 1400 BROADWAY BLVD., S.E. POLK CITY, FL 338681200
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07-06-07

Date

Daytime Phone #