2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L05000120281

Entity Name: THE JOURNEY LLC

Current Principal Place of Business:

C/O FANTASY OF FLIGHT
1400 BROADWAY BLVD., S.E.
POLK CITY, FL 338681200

New Principal Place of Business:

Current Mailing Address:

C/O FANTASY OF FLIGHT
1400 BROADWAY BLVD., S.E.
POLK CITY, FL 338681200

New Mailing Address:

FEI Number: 20-3962684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKS, KERMIT A
C/O FANTASY OF FLIGHT
1400 BROADWAY BLVD., S.E.
POLK CITY, FL 338681200 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: MGR ( ) Delete
Name: WEEKS, KERMIT A
Address: 1400 BROADWAY BLVD., S.E.
City-St-Zip: POLK CITY, FL 338681200

Title: MGR ( ) Delete
Name: WEEKS, TERESA
Address: 1400 BROADWAY BLVD., S.E.
City-St-Zip: POLK CITY, FL 338681200

ADDITIONS/CHANGES:

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 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: REBECCA COLDING DIR 04/30/2009

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