2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2008 8:00 am Secretary of State **DOCUMENT # L05000123607** 05-02-2008 90015 050 ***138.75 ADVENTURE MARINE MARINA & BOAT YARD, L.L.C. Principal Place of Business Mailing Address PANAVAAT 22 S.W. MIRACLE STRIP PARKWAY 22 S.W. MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 2. Principal Place of Business - No P.O. Box Mailing Address 201 B Miracle Strip 2018 Miracle St Suite, Apt. #, etc. Suite, Apt. #, etc 04302008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4036188 Not Applicable Country Zip Country Ziro \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, PAUL G Street Address (P.O. Box Number is Not Acceptable 22 S.W. MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Managins Member Do Roberts, Paul & Strip Parkway Member MGR TITLE IIILE ☐ Addition ☐ Detete ROBERTS, PAUL G NAME NAME STREET ADDRESS 22 S.W. MIRACLE STRIP PARKWAY STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP ☐ Change TILE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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.

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