

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000234

FILED  
Mar 10, 2008  
Secretary of State

Entity Name: MISS CAPE EXCURSIONS, LLC

## Current Principal Place of Business:

670 GLEN CHEEK DR.  
CAPE CANAVERAL, FL 32920

## New Principal Place of Business:

670 GLEN CHEEK DR.  
CAPE CANAVERAL, FL 32920

## Current Mailing Address:

670 GLEN CHEEK DR.  
CAPE CANAVERAL, FL 32920

## New Mailing Address:

670 GLEN CHEEK DR.  
CAPE CANAVERAL, FL 32920

FEI Number: 56-2550278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, ANTHONY  
670 GLEN CHEEK DR  
CAPE CANAVERAL, FL 32920 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: MGRM ( ) Delete  
Name: ADAMS, ANTHONY J  
Address: 1642 COLLEGE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ADAMS, ANTHONY J  
Address: 1642 COLLEGE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGR ( ) Change (X) Addition  
Name: ADAMS, THOMAS  
Address: 670 GLEN CHEEK DR  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM ( ) Change (X) Addition  
Name: ADAMS, ANDREW  
Address: 670 GLEN CHEEK DR  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: ANDREW ADAMS

MGRM

03/10/2008

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