

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000017935

1. Entity Name
ADVENTURES ABOARD SEA BLASTER, L.L.C.



FILED
Jul 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
24812 WOLF BAY AVE.
ORANGE BEACH, AL 36561

Mailing Address
P.O. BOX 521
ORANGE BEACH, AL 36561



07172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1108297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARD, SAMUAL J ESQ.
C/O ARD, SHIRLEY & HARTMAN, P.A.
207 W. PARK AVE., SUITE B
TALLAHASSEE, FL 32301

**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 _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000956307
07/25/08-80002-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIBLE, NEIL 24812 WOLF BAY AVE. ORANGE BEACH, AL 36561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Neil Trimble Neil Trimble

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

7/23/08
Date

251-978-6345
Daytime Phone #