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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000025799

1. Entity Name

ADVENTURE SPORTS MANAGEMENT, LLC

Principal Place of Business	Mailing Address
4630 S. KIRKMAN RD, #604 ORLANDO FL 32811	4630 S. KIRKMAN RD, #604 ORLANDO FL 32811

2. Principal Place of Business - No P.O. Box # 3554 W. Orange CC Drive	3. Mailing Address ← Same		
Suite, Apt. #, etc. STE #150	Suite, Apt. #, etc. ←		
City & State Wintergarden	City & State ←	4. FEI Number 03-0581164	Applied For / Not Applicable
Zip FL · Country	Zip 34787 · Country USA	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TORMEY, S. MIKE 4630 S. KIRKMAN RD, #604 ORLANDO FL 32811	Name S. Mike Tormey Street Address (P.O. Box Number is Not Acceptable) 3554 W. Orange CC. Drive Ste 150 City Orlando FL Zip Code 34786

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TORMEY, S. MIKE ~~4630 S. KIRKMAN RD, #604~~ ~~ORLANDO FL 32811~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Tormey, Mike 3554 W. Orange CC Drive Winter Garden, FL 34787 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mike Tormey called 4/24/07 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	gave me permission to make corrections N.C. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mike Tormey 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE · Date · Daytime Phone #