

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029667

FILED
Jul 03, 2007
Secretary of State

Entity Name: CROOKED ISLAND ADVENTURES, LLC

Current Principal Place of Business:

107 SAUNDERS CIR.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

107 SAUNDERS CIR.
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 56-2568158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOVAK, JEREMY
523 7TH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

WHITE, JOHANNA
107 SAUNDERS CIRCLE
PORT ST. JOE, FL 32456 US

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: JOHANNA WHITE

07/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITE, ARTHUR
Address: 107 SAUNDERS CIR.
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGRM () Delete
Name: WHITE, JOHANNA
Address: 107 SAUNDERS CIR.
City-St-Zip: PORT ST. JOE, FL 32456

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: JOHANNA WHITE

MGRM

07/03/2007

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