

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000031965

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** ADVENTURE PRO TRAVEL LLC

**Current Principal Place of Business:**

1994 E. SUNRISE BLVD  
STE #225  
FT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

1994 E. SUNRISE BLVD  
STE #225  
FT LAUDERDALE, FL 33304 US

**New Mailing Address:**

**FEI Number:** 74-3170461      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUM, LINDA  
777 BAYSHORE DR  
#1102  
FT LAUDERDALE, FL 33304 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  
**Name:** BLUM, LINDA  
**Address:** 777 BAYSHORE DR #1102  
**City-St-Zip:** FT LAUDERDALE, FL 33304 US

**Title:** MGRM  
**Name:** BLUM, BURT  
**Address:** 777 BAYSHORE DR #1102  
**City-St-Zip:** FT LAUDERDALE, FL 33304 US

**Title:** MGRM  
**Name:** ICKOWITZ, LESLIE J  
**Address:** 10618 CAPE HATTERAS DR  
**City-St-Zip:** TAMPA, FL 33615 US

I hereby 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:** LINDA BLUM

MGR

03/31/2010

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