

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90188 048 ***138.75

DOCUMENT # L06000053337					
1. Entity Name TOM & HUCKS BIG ADVENTURE, LLC					
Principal Place of Business 306 S. CALOOSAHATCHEE AVENUE JUPITER, FL 33458 US			Mailing Address P.O. BOX 31795 PALM BEACH GARDENS, FL 33420 US		
2. Principal Place of Business - No P.O. Box # 470 Sunrise Way Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Juno Beach, FL		City & State		4. FEI Number 20-5379148	
Zip 33408		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURCH, MARK 306 S. CALOOSAHATCHEE AVE JUPITER, FL 33458			7. Name and Address of New Registered Agent Name: John Thomas Street Address (P.O. Box Number is Not Acceptable): 470 Sunrise Way City: Juno Beach FL Zip Code: 33408		
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: 5-15-8					
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.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURCH, MARK P.O. BOX 31795 PALM BEACH GARDENS, FL 33420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOMAS, JOHN P.O. BOX 31795 PALM BEACH GARDENS, FL 33420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				Date: 5-15-8	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	