

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077442

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** ADVENTURES IN THE REAL WORLD, LLC

**Current Principal Place of Business:**

1820 AZALEA LANE  
DELAND, FL 32720 US

**New Principal Place of Business:**

1401 NORTH STONE STREET  
DELAND, FL 32720 US

**Current Mailing Address:**

POST OFFICE BOX 472  
DELAND, FL 327210472 US

**New Mailing Address:**

POST OFFICE BOX 3203  
DELAND, FL 327213203 US

FEI Number: 20-5326688      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:**

DONOHOO, MICHELLE L  
1820 AZALEA LANE  
DELAND, FL 32720 US

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

DONOHOO, MICHELLE L  
1401 NORTH STONE STREET  
DELAND, FL 32720 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:

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DONOHOO, MICHELLE L  
Address: POST OFFICE BOX 472  
City-St-Zip: DELAND, FL 327210472 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DONOHOO, MICHELLE L  
Address: POST OFFICE BOX 3203  
City-St-Zip: DELAND, FL 327213203 US

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: MICHELLE L. DONOHOO

MGRM

05/01/2009

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