

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90287 001 ****50.00

DOCUMENT #

1. Entity Name

Wekiwa Adventures, LLC
LO6 000090550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

130 NOVA DRIVE — mobile 130 NOVA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number

83-0465207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent -

Name

MARTHA M. CAESWELL sole mbr

Street Address (P.O. Box Number is Not Acceptable)

130 NOVA DRIVE

City

SANFORD

FL

Zip Code

32771

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

Signature, typed or printed name of registered agent and title if applicable.

5/22/07

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MARTHA M. CAESWELL
130 NOVA DRIVE
SANFORD, FL 32771

TITLE
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MARTHA M. CAESWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/22/07 401321-7188

Date Daytime Phone #