2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000098269

Entity Name: FITZ WILDLIFE ADVENTURES LLC

Current Principal Place of Business:

12620 NW 12 AVENUE
MIAMI, FL 33168

New Principal Place of Business:

486 NE 210TH CIRCLE TERRACE
#201
MIAMI, FL 33179 US

Current Mailing Address:

12620 NW 12 AVENUE
MIAMI, FL 33168

New Mailing Address:

486 NE 210TH CIRCLE TERRACE
#201
MIAMI, FL 33179 US

FEI Number: 74-3192913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILOGENE, FITZ J
12620 NW 12 AVENUE
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

PHILOGENE, FITZ J
486 NE 210TH CIRCLE TERRACE
#201
MIAMI, FL 33179 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: FITZ PHILOGENE 04/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: PHILOGENE, FITZ J MGRM
Address: 486 NE 210TH CIRCLE TERRACE #201
City-St-Zip: MIAMI, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FITZ PHILOGENE MGRM 04/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date