

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117344

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** HEBER ADVENTURES UNLIMITED, LLC

**Current Principal Place of Business:**

5202 SOUTH LOIS AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

5202 SOUTH LOIS AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

TAMARGO, TED R  
501 EAST JACKSON STREET, SUITE 1700  
TAMPA, FL 33602 US

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

TAMARGO, TED R  
501 E. KENNEDY  
STE. 1700  
TAMPA, FL 33602 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: TED R TAMARGO

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CACCIATORE, LAWRENCE A  
Address: 5202 SOUTH LOIS AVE  
City-St-Zip: TAMPA, FL 33611 US

Title: MGR ( ) Delete  
Name: RAMOS, JAMES A  
Address: 312 ERIE  
City-St-Zip: TAMPA, FL 33606 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAWRENCE A CACCIATORE

MGR

04/22/2008

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