

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013332

FILED
Jan 03, 2008
Secretary of State

Entity Name: SOUTHERN OFFSHORE ADVENTURES

Current Principal Place of Business:

340 FT. PICKENS RD.
PENSACOLA, FL 32561

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13304
PENSACOLA, FL 325913304

New Mailing Address:

P.O. BOX 278
GULF BREEZE, FL 32562

FEI Number: 20-8463880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLDS, JEFFERY M OWNER
21515 LAGUNA DR.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

FOLDS, JEFFERY M OWNER
340 FT PICKENS RD
PENSACOLA BEACH, FL 32562 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: _____

01/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: OWNE () Change (X) Addition
Name: FOLDS, JEFFERY M OWNER
Address: P.O. BOX 278
City-St-Zip: GULF BREEZE, FL 32562

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: JEFFERY FOLDS

OWNE

01/03/2008

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