

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 023 ***138.75

DOCUMENT # L07000039259					
1. Entity Name VORTEX DIVING CENTER, LLC					
Principal Place of Business 1234 AIRPORT ROAD SUITE 118 DESTIN, FL 32541 US			Mailing Address 1234 AIRPORT ROAD SUITE 118 DESTIN, FL 32541 US		
2. Principal Place of Business - No P.O. Box # 1517 SPRING LANE Suite, Apt. #, etc.		3. Mailing Address 981 Hwy 98 E Suite 3-419 Suite, Apt. #, etc.			
City & State PONCE DE LEON, FL Zip 32455		City & State DESTIN FL Zip 32541		4. FEI Number 20-8822219 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCKER, JOYCE A 1234 AIRPORT ROAD #118 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name <u>Lowell B Kelly</u> Street Address (P.O. Box Number is Not Acceptable) <u>53 BANNERMAN Beach LANE</u> City <u>SANTA ROSA Beach FL</u> Zip Code <u>32459</u>		
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 <u>Lowell B. Kelly</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, LOWELL B 1234 AIRPORT ROAD #118 DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	53 BANNERMAN Beach LANE SANTA ROSA Beach FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	...	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	...	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	...	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	...	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lowell B. Kelly</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____				Daytime Phone # _____	

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