

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047141

FILED
May 01, 2008
Secretary of State

Entity Name: ADVENTURE PROPERTIES, LLC

Current Principal Place of Business:

368 MELBOURN
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

368 MELBOURN
HAINES CITY, FL 33844 US

New Mailing Address:

PO BOX 7897
LAKELAND, FL 33807

FEI Number: 20-8987416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHUPE, ROB
368 MELBOURN
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHUPE, ROB
Address: 368 MELBOURN
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGRM () Delete
Name: CRAIN, LYNN
Address: 189 FARWAY CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CRAIN, LYNN
Address: 6760 ENGLELAKE DRIVE
City-St-Zip: LAKELAND, FL 33813 US

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: LYNN CRAIN

MS

05/01/2008

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