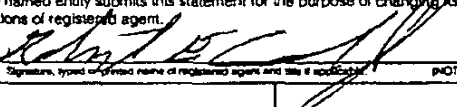
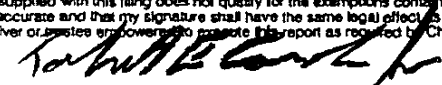


FILED
Aug 11, 2008 8:00 am
Secretary of State

05-28-2008 90138 010 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000102088			
1. Entity Name CARDEN'S GREAT ADVENTURES, LLC			
Principal Place of Business 350 EAST LAKE ELBERT DRIVE WINTER HAVEN, FL 33881		Mailing Address 350 EAST LAKE ELBERT DRIVE WINTER HAVEN, FL 33881 60 Fourth St. SW Winter Haven FL 33880	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-1309355		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04172008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent CARDEN, JUDITH L 350 EAST LAKE ELBERT DRIVE WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: _____ Signature, typed or printed name of registered agent and title if not applicable. (NOTE: Registered Agent signature required when releasing)			
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	Manager Robert E Carden Jr 350 East Lake Albert Drive Winter Haven FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judith Carden 350 East Lake Albert Dr. Winter Haven, FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 prepare this report as required by Chapter 606, Florida Statutes. SIGNATURE:  8/6/08 863 291-3585 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

ATTACHMENT
300/0829

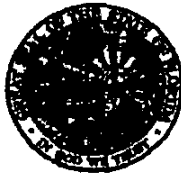
Attention: Florida Department of Revenue
Division of Corporation

Reference number: L07000102088

Please see original letter dated June 2 that was responded to. According to a phone call to see why this report was not current on Sunbiz, the form was again returned to be signed on line 11 on July 18.

Please see enclosed form signed on line 11 and combine with our original check for \$138.75 which was sent in with the original form when timely filed.

Thank you for your time in clearing up this matter.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTACHMENT

300/0829

June 2, 2008

CARDEN'S GREAT ADVENTURES, LLC
350 EAST LAKE ELBERT DRIVE
WINTER HAVEN, FL 33881

Subject: CARDEN'S GREAT ADVENTURES, LLC

Reference Number: L07000102088

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

R. L. - Dec 11, 2008