2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000123704

Entity Name: ADVENTURE FAMILY, L.L.C.

Current Principal Place of Business:

320 DEBUEL RD
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17734
TAMPA, FL 33682 US

New Mailing Address:

320 DEBUEL RD
LUTZ, FL 33549 US

FEI Number: 75-3122957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESAI, NAINAN V
320 DEBUEL RD.
LUTZ, FL 33549 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: MGR ( ) Delete
Name: DESAI, NAINAN V
Address: P.O. BOX 17734
City-St-Zip: TAMPA, FL 33682 US

Title: MGR ( ) Delete
Name: DESAI, DEVYANI N
Address: P.O. BOX 17734
City-St-Zip: TAMPA, FL 33682 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DESAI, NAINAN V
Address: 320 DEBUEL RD
City-St-Zip: LUTZ, FL 33549 US

Title: MGR (X) Change ( ) Addition
Name: DESAI, DEVYANI N
Address: 320 DEBUEL RD
City-St-Zip: LUTZ, FL 33549 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: NAINAN DESAI MGR 04/30/2009

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