

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058816

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA ADVENTURES HOLDINGS LLC

**Current Principal Place of Business:**

451 NORTH BURLESON BLVD.  
BURLESON, TX 76028

**New Principal Place of Business:**

1028 WHITE DR.  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

451 NORTH BURLESON BLVD.  
BURLESON, TX 76028

**New Mailing Address:**

2816 BENT OAKS DR.  
BURLESON, TX 76028

FEI Number: 26-2788479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMPBELL, JOHN  
1028 WHITE DRIVE  
DELRAY BEACH, FL 33483 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: CAMPBELL, JOHN  
Address: 451 NORTH BURLESON BLVD.  
City-St-Zip: BURLESON, TX 76028

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CAMPBELL, JOHN  
Address: 2816 BENT OAKS DR.  
City-St-Zip: BURLESON, TX 76028

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: JOHN CAMPBELL

MR.

01/09/2009

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