2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100178

Address:

City-St-Zip:

Entity Name: INTERNATIONAL ADVENTURES LLC

FILED Jun 24, 2009 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
7362 FUTURE ORLANDO, FL	S DR., SUITE 2 _ 328199086			
Current Mailing Address:		New Maili	ing Address:	
7362 FUTURE ORLANDO, FL	S DR., SUITE 2 . 328199086			
	0306600 FEI Number Applied For ith s. 607.193(2)(b), F.S., the limited liat dress of Current Registered Ag	oility company did not receive th		
AM&E SERVIC 605 EAST ROB ORLANDO, FL	BINSON STREET, SUITE 730			
The above nan in the State of I		or the purpose of changing	its registered office or registered agent, or both	
SIGNATURE:				
	Electronic Signature of Registe	red Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR () Change (X) Addition WILLIAMS, NIGEL 6648 TIME SQUARE AVENUE #105 ORLANDO, FL 32835	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MS () Change (X) Addition HOLLOWAY, DIANE M 1224 PINE HARBOR POINT ORLANDO, FL 32806	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR () Change (X) Addition HOLLOWAY, JAMES W 1224 PINE HARBOR POINT ORLANDO, FL 32806	
Title: Name:	() Delete	Title: Name:	MS () Change (X) Addition HAWKER, VIVIAN M	

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.

Address:

7355 DEREXA DRIVE City-St-Zip: WINDERMERE, FL 34786

SIGNATURE: NIGEL WILLIAMS 06/24/2009