

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100178

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL ADVENTURES LLC

**Current Principal Place of Business:**

7802 KINGSPORTE PKWY  
207A  
ORLANDO, FL 328199086

**New Principal Place of Business:**

**Current Mailing Address:**

7802 KINGSPORTE PKWY  
207A  
ORLANDO, FL 328199086

**New Mailing Address:**

**FEI Number:** 80-0306600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLLOWAY, JAMES W MGR  
7802 KINGSPORTE PKWY  
207A  
ORLANDO, FL 32819 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  
Name: HOLLOWAY, DIANE M  
Address: 1224 PINE HARBOR POINT  
City-St-Zip: ORLANDO, FL 32806

Title: MR  
Name: HOLLOWAY, JAMES W MGR  
Address: 1224 PINE HARBOR POINT  
City-St-Zip: ORLANDO, FL 32806

Title: MS  
Name: HAWKER, VIVIAN M MGR  
Address: 1224 PINE HARBOR POINT CIR  
City-St-Zip: ORLANDO, FL 32806

I hereby 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: JAMES HOLLOWAY

MGR

01/31/2011

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