

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000093138

FILED
Mar 31, 2012
Secretary of State

Entity Name: ADRENALINE ALLIGATOR ADVENTURES LLC

Current Principal Place of Business:

33 GROVE AVE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

33 GROVE AVE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 11-3750387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCH, ADAM
33 GROVE AVE
ST. AUGUSTINE, FL 32084 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
Name: BURCH, ADAM
Address: 33 GROVE AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

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: ADAM K BURCH

MR.

03/31/2012

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