


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90060 029 ****50.00

DOCUMENT # M00000001262

1. Entity Name
MAGIC AIR ADVENTURE LLC



Principal Place of Business
**5069 W IRLO BRONSON MEM. HWY
 KISSIMMEE, FL 34746**

Mailing Address
**2665 SOUTH BAYSHORE DR., STE. 703
 MIAMI, FL 33133**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
215 Celebration Place
 Suite, Apt. #, etc.
170
 City & State
Celebration, FL
 Zip
34747



04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0398989

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**WORLD CORPORATE SERVICES, INC.
 2665 SOUTH BAYSHORE DR., STE. 703
 MIAMI, FL 33133**

7. Name and Address of New Registered Agent
 Name
~~Chastang, Ferrell, Sims & Eiserman, LLC~~
 Street Address (P.O. Box Number is Not Acceptable)
215 Celebration Place
 Suite
170
 City
Celebration FL Zip Code
34747

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sharon Douglas* **SHARON DOUGLAS** DATE: **20-APRIL-04.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURTIS, GLENN F 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 215 Celebration Place Suite 170 Celebration, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS, SHARON E 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 215 Celebration Place Suite 170 Celebration, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSSOP, DAVID 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 215 Celebration Place Suite 170 Celebration, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSSOP, ALISON 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 215 Celebration Place Suite 170 Celebration, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Sharon Douglas* **SHARON DOUGLAS** DATE: **20-April-04.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

+44 1243 530165. (uk)