

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001262

Entity Name: MAGIC AIR ADVENTURE LLC

FILED  
May 09, 2005  
Secretary of State

**Current Principal Place of Business:**

5069 W IRLO BRONSON MEM. HWY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

215 CELEBRATION PLACE #170  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 51-0398989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVE.  
SUITE 1500  
ORLANDO, FL 32803 US

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: STEVEN C. LEE, VICE PRESIDENT

05/09/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CURTIS, GLENN F  
Address: 215 CELEBRATION PLACE #170  
City-St-Zip: CELEBRATION, FL 32789

Title: MGR ( ) Delete  
Name: DOUGLAS, SHARON E  
Address: 215 CELEBRATION PLACE #170  
City-St-Zip: CELEBRATION, FL 32789

Title: MGRM (X) Delete  
Name: MOSSOP, DAVID  
Address: 215 CELEBRATION PLACE #170  
City-St-Zip: CELEBRATION, FL 32789

Title: MGRM (X) Delete  
Name: MOSSOP, ALISON  
Address: 215 CELEBRATION PLACE #170  
City-St-Zip: CELEBRATION, FL 32789

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOSSOP, DAVID  
Address: 215 CELEBRATION PLACE #170  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM (X) Change ( ) Addition  
Name: MOSSOP, ALISON  
Address: 215 CELEBRATION PLACE #170  
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID MOSSOP

MGR

05/09/2005

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