STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River Street, Providence, RI 02904-2615 401,222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 111860	2. Exact name of the lim Morkit Adventure,	name of the limited liabilty company t Adventure, LLC				
3. State of Formation		•	e business which is actually conducted	in Rhode Island		
RHODE ISLAND	OWN, MAIN	TAIN, AND OPERAT	TE A MARINE VESSEL			
5. Principal office address 218 FELLS RD.			City ESSEX FELLS	State NJ	<i>Zip</i> 07021-	
Contact Name J. MORGAN HUDSON			Contact Title	Contact Title		
Street Address 218 FELLS RD.			City ESSEX FELLS	State NJ	Zip 07021-	
	-					
Manager Name			•Manager Name	•Manager Name		
Street Address			• Street Address •	• Street Address •		
City	State	Zip	*City	State	Zip	
Manager Name			Manager Name			
Street Address			•Street Address	•Street Address		
City	State	Zip	City	State	Zip	
				•		
Agent Name			ļ	Address		
TURNER C. SCO	DTT	***	122 TOURO STRE			
Address			City	Zip		
MILLER SCOTT & HOLBROOK			NEWPORT	NEWPORT 02840-		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized J∽MORGAN HUDSON

Print or Type Name of Authorized Person