

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003856

**FILED**  
**Sep 21, 2009**  
**Secretary of State**

**Entity Name:** TRAVEL LEADERS CORPORATE LLC

**Current Principal Place of Business:**

2151 S LE JEUNE RD STE 300  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

6442 CITY WEST PARKWAY  
EDEN PRAIRIE, MN 55344

**Current Mailing Address:**

2151 S LE JEUNE RD STE 300  
CORAL GABLES, FL 33134

**New Mailing Address:**

6442 CITY WEST PARKWAY  
EDEN PRAIRIE, MN 55344

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301    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        ( ) Delete  
Name:            BATT, MICHAEL  
Address:        6442 CITY WEST PARKWAY  
City-St-Zip:    MINNEAPOLIS, MN 55424

**ADDITIONS/CHANGES:**

Title:            MGRM        (X) Change ( ) Addition  
Name:            LLC, TAG II  
Address:        6442 CITY WEST PARKWAY  
City-St-Zip:    EDEN PRAIRIE, MN 55344

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TAG II, LLC

MGRM

09/21/2009

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