

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025155		
1. Entity Name TRAVEL BESTWAY, LLC		
Principal Place of Business 20 ISLAND AVENUE, #518 MIAMI BEACH, FL 33139		Mailing Address 20 ISLAND AVENUE, #518 MIAMI BEACH, FL 33139
DO NOT WRITE IN THIS SPACE		
		 03162008 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 56-2458403 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SHAY, GRETEL 20 ISLAND AVENUE, #518 MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAY, GRETEL 20 ISLAND AVENUE, #518 MIAMI BEACH, FL 33139	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Gretel Shay 3/18/06 (786) 286-9100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		