

Ad1000000895

(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** R.J.R. TRAVEL SERVICES L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A 01000000895

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RIDA G. KALADA

(Contact Person)

RJR TRAVEL SERVICES

(Firm/Company)

13198 LOOKING GLASS FALLS LANE

(Address)

ORLANDO FL 32824

(City, State and Zip Code)

For further information concerning this matter, please call:

RIDA G. KALADA

(Name of Contact Person)

at (407) 240-7491

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2007

RIDA G. KALADA  
13198 LOOKING GLASS FALLS LANE  
ORLANDO, FL 32824

SUBJECT: R.J.R. TRAVEL SERVICES, LIMITED PARTNERSHIP  
Ref. Number: A01000000895

We have received your document for R.J.R. TRAVEL SERVICES, LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was completed. I am enclosing the proper form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 507A00069124

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RJR TRAVEL SERVICES L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. JULY 6, 2001

Date of filing/registration in Florida

3. A01000000895

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JAN ZWAAL

Name

14904 VERANO DR

Address

ORLANDO FL 32837

City, State and Zip

07 DEC 26 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5. The name and Florida street address of the new registered agent and/or office:

JAN ZWAAL

Name

13198 LOOKING GLASS FALLS LN

Florida street address (P.O. Box not acceptable)

ORLANDO

FL 32824

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

J. K. Lach  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

J. K. Lach  
Signature of Registered Agent

**Filing Fee: \$35.00  
Certified Copy (optional): \$52.50**

**FILED**