


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
RECEIVED JAN 29 2007 08:00 AM
Secretary of State

DOCUMENT # L00000003930					
1. Entity Name 77 TRAVEL PLAZA, L.C.					
Principal Place of Business 2715 S. BYRON BUTLER PARKWAY PERRY FL 32347			Mailing Address 2715 S. BYRON BUTLER PARKWAY PERRY FL 32347		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3627905	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVERETT, DON R SR 2715 S. BYRON BUTLER PARKWAY PERRY FL 32347			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <i>Don R. Everett</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVERETT, DON R	NAME			
STREET ADDRESS	2715 S. BYRON BUTLER PARKWAY	STREET ADDRESS			
CITY - ST - ZIP	PERRY FL 32347	CITY - ST - ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVERETT, DON R JR	NAME			
STREET ADDRESS	2715 S. BYRON BUTLER PARKWAY	STREET ADDRESS			
CITY - ST - ZIP	PERRY FL 32347	CITY - ST - ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVERETT, DOUGLAS M	NAME			
STREET ADDRESS	2715 S. BYRON BUTLER PARKWAY	STREET ADDRESS			
CITY - ST - ZIP	PERRY FL 32347	CITY - ST - ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANKLIN, GABRIELLE	NAME			
STREET ADDRESS	2220 PRETTY BAYOU ISLAND DRIVE	STREET ADDRESS			
CITY - ST - ZIP	PANAMA CITY FL 32405	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Don R. Everett</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
				Daytime Phone #	



1st MOORE CR2E083 (10/06)

L00000638626
02/27/07-80039-005 Change Addition