2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
03-28-2008 90169 048 ***138.75

DOCUMENT # L00000003930

1. Entity Name
77 TRAVEL PLAZA, L.C.

Principal Place of Business	Mailing Address
2715 S. BYRON BUTLER PARKWAY PERRY, FL 32347	2715 S. BYRON BUTLER PARKWAY PERRY, FL 32347

300043[illegible]

01232008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3627905
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EVERETT, DON R
STREET ADDRESS	2715 S. BYRON BUTLER PARKWAY
CITY-ST-ZIP	PERRY, FL 32347
TITLE	MGR
NAME	EVERETT, DON R JR
STREET ADDRESS	2715 S. BYRON BUTLER PARKWAY
CITY-ST-ZIP	PERRY, FL 32347
TITLE	MGR
NAME	EVERETT, DOUGLAS M
STREET ADDRESS	2715 S. BYRON BUTLER PARKWAY
CITY-ST-ZIP	PERRY, FL 32347
TITLE	MGR
NAME	FRANKLIN, GABRIELLE
STREET ADDRESS	2220 PRETTY BAYOU ISLAND DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/21/08 850-584-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #