


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001605
 1. Entity Name
 NONSOLOTRAVEL L.L.C.



Principal Place of Business 1000 SE 4TH ST. SUITE 217 FORT LAUDERDALE, FL 33301	Mailing Address 1000 SE 4TH ST. SUITE 217 FORT LAUDERDALE, FL 33301
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03112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1092631	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

LAPIERRE, REJEAN
 7800 W. OAKLAND PARK BLVD., BLDG. G
 SUNRISE, FL 33351

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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)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLA, NANNINI CORSO ITALIA 116 ORBETELLO, GR 58015 ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTEMERANI, SABRINA 1000 SE 4TH ST. FORT LAUDERDALE, FL 33301
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sabrina Montemerani SABRINA MONTEMERANI 3-26-05 954-713-6131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #