

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006494

1. Entity Name
OLD TOWN TRAVEL, L.C.



Principal Place of Business

**2705 TAMiami TRAIL
UNIT 415
PUNTA GORDA, FL 33950-6996**

Mailing Address

**C/O JACK O. HACKETT, ESQUIRE
99 NESBIT STREET
PUNTA GORDA, FL 33950**



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1108857

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HACKETT, JACK O II, ESQ
99 NESBIT STREET
PUNTA GORDA, FL 33950**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DUNN, SANDRA L
3082 LOCKWOOD ST.
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
PALM TRAVEL VENTURES, LC
2704 HIBISCUS CT.
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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000000133597
04/29/04-80126-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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: RICHARD D. PALMER, JR., FOR PALM TRAVEL VENTURES, LC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #