2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019532

Address:

City-St-Zip:

ST.PETERSBURG, FL 33708

Entity Name: TRAVIS ENTERPRISES, LLC

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9191 BAY PINES BLVD. ST. PETERSBURG, FL 33708 **Current Mailing Address: New Mailing Address:** 5000 92ND ST N SAINT PETERSBURG, FL 33708 FEI Number: 59-3758031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRAVIS, CHRISTOPHER 9191 BAY PINES BLVD. ST. PETERSBURG, FL 33708 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete TRAVIS, ROYAL Name: Name: 5000 92ND ST N Address: Address: City-St-Zip: ST.PETERSBURG, FL 33708 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: TRAVIS, DAVID Name: Address: 5000 92ND ST N Address: City-St-Zip: ST.PETERSBURG, FL 33708 City-St-Zip: Title: MGR () Delete Title: () Change () Addition TRAVIS, ROYAL T Name: Name: Address: 5000 92ND ST N Address: City-St-Zip: ST.PETERSBURG, FL 33708 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: TRAVIS, RICHARD Name: 5000 92ND ST. N Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33708 City-St-Zip: Title: MGR () Delete Title: () Change () Addition TRAVIS, CHRISTOPHER Name: Name: 5000 92ND ST

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER TRAVIS 03/24/2009