

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 18 P 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
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| DOCUMENT # L01000020750 | |  | |
| 1. Entity Name CORPORATE TRAVEL CONSULTANTS II LLC | | | |
| Principal Place of Business 4141 NE 2ND AVE., STE. 201 MIAMI, FL 33137 | | Mailing Address 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133 | |
| 2. Principal Place of Business - No P.O. Box # 2699 Collins Avenue | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami Beach, FL | | City & State | |
| Zip 33140 | Country USA | Zip | Country |
| 4. FEI Number 26-0002670 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COLLINS, JAMES P 4141 N.E. 2ND AVE., STE. 201 MIAMI, FL 33137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Collins, James P. 2699 Collins Avenue Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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. (305) 858-9900 | | | |
| SIGNATURE: <u>Timothy D. Richards</u> | | Date: <u>4/27/07</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # | |