

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 18 P 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State	
Zip 33140		Country USA	
Zip		Country	
4. FEI Number 26-0002670		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Collins, James P. 2699 Collins Avenue Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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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
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: <u>Timothy D. Richards</u> 4/27/07			
SIGNATURE: <u>Timothy D. Richards</u>		Date: _____ Daytime Phone #: _____	