# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2006**
**Secretary of State**

DOCUMENT# L02000008342

**Entity Name:** TRAVEL CHOICE L.L.C.

**Current Principal Place of Business:**

13030 SUGARBLUFF RD.
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

13030 SUGARBLUFF RD.
CLERMONT, FL 34715

**New Mailing Address:**

**FEI Number: 03-0429560** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLS, LISA B OWNER
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

NICHOLS, LISA B OWNER
13030 SUGARBLUFF RD.
CLERMONT, FL 34715 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: LISA NICHOLS 04/27/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: NICHOLS, LISA
Address: 13030 SUGARBLUFF RD.
City-St-Zip: CLERMONT, FL 34715

Title: MGRM ( ) Delete
Name: NICHOLS, STEVE
Address: 13030 SUGARBLUFF RD.
City-St-Zip: CLERMONT, FL 34715

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LISA NICHOLS MGR 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date