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Jun 11, 2003 8:00 am
Secretary of State

04-23-2003 90235 005 ****50.00

4/23

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URB)

DOCUMENT # L02000009700

1. Entity Name
TOURISM AMERICAS, LLC

Principal Place of Business	Mailing Address
2930 FLORIDA BLVD.	2930 FLORIDA BLVD.
DELRAY BEACH, FL 33483	DELRAY BEACH, FL 33483

44004173

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33483 Country USA	Zip 33483 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIOCE, Domenick R.	Name: Hutzler, Robert
1645 Palm Beach Lakes Blvd., Suite 1200	Street Address (P.O. Box Number is Not Acceptable): 2930 Florida Blvd.
West Palm Beach, Florida 33401	City: Delray Beach FL Zip Code 33483

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] Robert Hutzler April 17, 2003
Signature, typed or printed name of registered agent and title if applicable. (Note: registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE	Manager Member	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Hutzler, Robert		NAME	
STREET ADDRESS	2930 Florida Blvd.		STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

13. 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 [signature] Robert Hutzler, Manager April 17, 2001
SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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