FILED
Apr 17, 2008 8:00 am
Secretary of State
03-04-2008 90103 046 ***277.50

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028131

1. Entity Name
AFFORDABLE TRAVEL OF ORLANDO, L.L.C.

Principal Place of Business	Mailing Address
35 MIDDLETORO CT NASHVILLE, TN 37215	35 MIDDLETORO CT NASHVILLE, TN 37215

02292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
35 Middletoro Ct	35 Middletoro Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nashville TN	City & State: Nashville, TN.
Zip: 37215 Country: USA	Zip: 37215 Country: USA

4. FEI Number: 01-0750881 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR
369 N. NEW YORK AVE.
WINTER PARK, FL 32789

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	DULLING, ALBERT III	
STREET ADDRESS	35 MIDDLETORO CT	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	MGR	☐ Delete
NAME	DULING, JUDI	
STREET ADDRESS	35 MIDDLETORO CT	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Albert Duling 4/14/08 407-377-1930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #