

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006486

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: JRICKERS TRAVEL CONCEPTS LLC

## Current Principal Place of Business:

269 NE 90TH STREET  
EL PORTAL, FL 33138 US

## New Principal Place of Business:

## Current Mailing Address:

269 NE 90TH STREET  
EL PORTAL, FL 33138 US

## New Mailing Address:

FEI Number: 04-3743160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICKERS, JOERG MGRM  
269 NE 90TH STREET  
EL PORTAL, FL 33138 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RICKERS, JOERG  
Address: 269 NE 90TH STREET  
City-St-Zip: EL PORTAL, FL 33138 US

Title: MGRM ( ) Delete  
Name: KRAUSE, HANS-JOACHIM MR.  
Address: 4720 NORTH BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM ( ) Delete  
Name: COTTAM, JAMES J MR.  
Address: 8240 SOUTH HOMESTEAD LANE  
City-St-Zip: TEMPE, AZ 85284 US

## ADDITIONS/CHANGES:

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

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 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: JOERG RICKERS

MGRM

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date