

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007024

FILED
May 01, 2007
Secretary of State

Entity Name: SARAH TOURS AMERICA LLC

Current Principal Place of Business:

C/O CG ACCOUNTING CORP
4101 RAVENSWOOD ROAD STE. 111
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

C/O CG ACCOUNTING CORP
4101 RAVENSWOOD ROAD STE. 111
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-0259668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVID, GOLDIS
C/O CG ACCOUNTING CORP
4101 RAVENSWOOD ROAD STE. 111
FORT LAUDERDALE, FL 33312 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TROJMAN, RAPHAEL
Address: 4101 RAVENSWOOD ROAD STE. 111
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGR () Delete
Name: BIJAOU, JACKY
Address: 4101 RAVENSWOOD ROAD STE. 111
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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 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: JACKY BIJAOU

L

05/01/2007

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