## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

## DOCUMENT # L03000012529

1. Entity Name ORLÁNDO TRAVEL SPECIALS, LLC



Principal Place of Business

5353 CONROY ROAD, SUITE 200 ORLANDO, FL 32811

Maiting Address

5353 CONROY ROAD, SUITE 200 ORLANDO, FL 32811

## **FILED** May 01, 2006 8:00 am Secretary of State

05-01-2006 90050 014 \*\*\*\*50.00



01042006 No Chg-LLC

CR2E083 (11/05)

O)-581-9000

E. Carlifferto of Status Davis of	_	\$5.00	Additional
02-0687951			Not Applicable
4. FEI Number			Applied For

Certificate of Status Desired

Fee Required

H, ANIL	
CONROY ROAD, SUITE 200	

VALB 5353 ORLANDO, FL 32811

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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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, typed or printed name of registered agent and title if applicable. (NOTE: F	gistered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALBH, ANIL 5353 CONROY ROAD, #200 ORLANDO, FL 32811			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 turther 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.				

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE