

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2004 90063 042 ****50.00
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47. FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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04272004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000016879					
1. Entity Name COSTA RICA "T" TOURS, LLC					
Principal Place of Business 5933 WEST HILLSBORO BLVD. PARKLAND, FL 33067			Mailing Address 5933 WEST HILLSBORO BLVD. PARKLAND, FL 33067		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01-079 3777			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		
COLVIN, GRANT 5933 WEST HILLSBORO BLVD. PARKLAND, FL 33067			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 reappointing)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COLVIN, GRANT 5933 WEST HILLSBORO BLVD. PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BAXTER, RICHARD L 5933 WEST HILLSBORO BLVD. PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ALVAREZ, PATRICIA 5933 WEST HILLSBORO BLVD. PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. 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: <u>Paul Colvin</u> 4/27/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE					