

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000018297

1. Entity Name

SUNBURST TOURS LLC



Principal Place of Business

Mailing Address

11295 MARTIN BLVD.  
MOORE HAVEN FL 33471

11295 MARTIN BLVD.  
MOORE HAVEN FL 33471



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

Zip

Country

Zip

Country

4. FEI Number

77-0599655

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

FERGUSON, DAVID J  
11295 MARTIN BLVD.  
MOORE HAVEN FL 33471

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

*David Ferguson*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/07

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
FERGUSON, DAVID J  
11295 MARTIN  
MOORE HAVEN FL 33471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U000000718591  
05/01/07-80029-002 50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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TITLE  
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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David J. Ferguson*  
**DAVID J. FERGUSON**

4/16/07

863/946-1750

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

Once

Daytime Phone #