



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90226 016 \*\*\*\*50.00

<b>DOCUMENT # L03000023876</b> 1. Entity Name NATIONAL VACATION TOUR.COM, LLC					
Principal Place of Business 1001 ARMSTRONG BLVD KISSIMMEE, FL 34741				Mailing Address 1001 ARMSTRONG BLVD KISSIMMEE, FL 34741	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 3051 Zahreris			
City & State Orlando FL		City & State Orlando FL		02252004 Chg-LLC CR2E083 (10/03)	
Zip 32837		Country Orange		4. FEI Number 61-1453421	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BELL, PERCY-B 1950 LEE ROAD SUITE 225 WINTER PARK, FL 32789-1868			7. Name and Address of New Registered Agent Name <u>Stephen Phelps</u> Street Address (P.O. Box Number is Not Acceptable) 3051 Zahreris City <u>Orlando</u> FL Zip Code <u>32837</u>		
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 <u>Stephen Phelps</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/27/04</u>					
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 <u>MGMR</u> <input type="checkbox"/> Delete NAME <u>REGENCY VENTURES, INC.</u> STREET ADDRESS <u>1001 ARMSTRONG BLVD</u> CITY-ST-ZIP <u>KISSIMMEE, FL 34741</u>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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>Regency Ventures Inc Stephen Phelps</u> <u>2/27/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					