2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90647 041 ****55.00

DOCUMENT # L03000027831

1. Entity Name
KENZA TOUR SERVICES, LLC

20059612

Principal Place of Business	Mailing Address
7616 SOUTHLAND BLVD., STE. 104 ORLANDO, FL 32809-6976	~~7616 SOUTHLAND BLVD., STE. 104~~ ~~ORLANDO~~, FL 32809-6976 2817 WOODRUFF DR ORL FL 32837

05112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2817 WOODRUFF DR	2817 WOODRUFF DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO. FL	City & State: ORL FL
Zip: 32837 Country: ORANGE	Zip: 32837 Country: ORANGE

4. FEI Number: 20-0236721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JOHN M
250 SOUTH RONALD REGAN BLVD., STE. 106
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

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: Benzekri Said (BS) 5-11-05 (BS)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR THOMAS HAIDINGER 7616 SOUTHLAND BLVD ORL FL 32809 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOHAMMED BENZEKRY 2817 WOODRUFF DR ORL FL 32837 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOHAMMED BENZEKRY 2817 WOODRUFF DR ORL FL 3283 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER NADIA ELBEKKARI 12505 LYNCHBURG CT ORL FL 32837 ☐ 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
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: Benzekri Said 5-30-05 3212288542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #