



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90190 038 ****50.00

DOCUMENT # L03000030537					
1. Entity Name NORTH FLORIDA TOURS LLC					
Principal Place of Business 4900 N US 1 SUITE 800 ST AUGUSTINE, FL 32095 US			Mailing Address 6 FLAMINGO DR ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business 24 CATHEDRAL PLACE Suite, Apt. #, etc. SUITE # 606 City & State ST. AUGUSTINE FL Zip 32084 Country USA		3. Mailing Address 24 CATHEDRAL PLACE Suite, Apt. #, etc. SUITE # 606 City & State ST. AUGUSTINE FL Zip 32084 Country USA			
04172004 Chg-LLC CR2E083 (10/03)				4. FEI Number 01-0765854	
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 PORTER, NANCY C 110 OCEAN HOLLOW LN APT #112 ST AUGUSTINE, FL 32084			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 <u>Nancy C. Porter</u> DATE <u>4-19-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM PORTER, NANCY C 110 OCEAN HOLLOW LN #112 ST AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVEY, KAREN G 6 FLAMINGO DR ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYER, WILLET A III 25105 HARBOUR VISTA CIRCLE ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYER, WILLET A III 25105 HARBOUR VISTA CIRCLE ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYER, WILLET A III 25105 HARBOUR VISTA CIRCLE ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Nancy C. Porter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>4-19-04</u> DAYTIME PHONE # <u>904-823-1492</u>		