



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90286 038 ****50.00

DOCUMENT # L03000030537 1. Entity Name NORTH FLORIDA TOURS LLC					
Principal Place of Business 24 CATHEDRAL PLACE SUITE 606 SAINT AUGUSTINE, FL 32084 US			Mailing Address 24 CATHEDRAL PLACE SUITE 606 SAINT AUGUSTINE, FL 32084 US		
2. Principal Place of Business 6 FLAMINGO DR. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 4351 Suite, Apt. #, etc.			
City & State ST AUGUSTINE FL		City & State ST. AUGUSTINE FL		4. FEI Number 01-0765854	
Zip 32080		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 NANCY C. PORTER 3-18-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		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	MGRM HARVEY, KAREN G 6 FLAMINGO DR ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYER, WILLET A III 26208 HARBOUR VISTA CIRCLE ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYER, WILLET A III 4830 NW 43RD ST APT L174 GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: NANCY C. PORTER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3-18-06		904-730-8646	