

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034432

FILED
May 04, 2004
Secretary of State

Entity Name: ENDLESS SUMMER EXCURSIONS, LLC

Current Principal Place of Business:

5363 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810

New Principal Place of Business:

5362 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810

Current Mailing Address:

5363 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810

New Mailing Address:

5362 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810

FEI Number: 38-3689127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLIER, LEWIS G
5363 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810

Name and Address of New Registered Agent:

COLLIER, LEWIS G
5362 BLOOMFIELD BOULEVARD
LAKELAND, FL 33810

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.

SIGNATURE:

05/04/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: COLLIER, LEWIS G
Address: 5363 BLOOMFIELD BOULEVARD
City-St-Zip: LAKELAND, FL 33810

Title: MGR () Delete
Name: ADAMS, MICHAEL W
Address: 1504 32ND STREET WEST
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLLIER, LEWIS G
Address: 5362 BLOOMFIELD BOULEVARD
City-St-Zip: LAKELAND, FL 33810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LEWIS G. COLLIER

MGR

05/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date