2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041260

1. Entity Name
VACATION ADVISOR PUBLICATIONS, LLC.

Principal Place of Business	Mailing Address
P.O. BOX 331 LARGO, FL 33779	P.O. BOX 331 LARGO, FL 33779

2. Principal Place of Business
801 W. Bay Drive
Suite, Apt. #, etc. # 204
City & State: Largo, Florida
Zip: 33770   Country: USA

3. Mailing Address
801 W. Bay Drive
Suite, Apt. #, etc. # 204
City & State: Largo, Florida
Zip: 33770   Country: USA

03262004   Chg-LLC   CR2E083 (10/03)

4. FEI Number 20-0337728   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRESLIN FINANCIAL SERVICES, INC.
7985 113TH STREET
SUITE 220
SEMINOLE, FL 33772

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 _____
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 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	☐ Delete	TITLE MGRM / NAME GREG CRIST / STREET ADDRESS 801 W. Bay Drive # 204 / CITY-ST-ZIP Largo, Florida 33770	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
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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: _Greg Crist_   GREG CRIST   (727) 688-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #