

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044109

Entity Name: GIGI NACHMAN TRAVEL, LLC

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

8500 SW 92 STREET
SUITE 204
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

8500 SW 92 STREET
SUITE 204
MIAMI, FL 33156 US

New Mailing Address:

8501 SW 87 TERRACE
MIAMI, FL 33143 US

FEI Number: 26-2789126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NACHMAN, GIGI A
8500 SW 92 STREET
204
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

NACHMAN, GIGI A
8501 SW 87 TERRACE
MIAMI, FL 33143 US

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: GIGI NACHMAN

03/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NACHMAN, GIGI A
Address: 8500 SW 92 STREET, SUITE 204
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM () Delete
Name: NACHMAN, BRUCE
Address: 8500 SW 92 STREET, SUITE 204
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NACHMAN, GIGI A
Address: 8501 SW 87 TERRACE
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM (X) Change () Addition
Name: NACHMAN, BRUCE
Address: 8501 SW 87 TERRACE
City-St-Zip: MIAMI, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GIGI A. NACHMAN

MGRM

03/27/2008

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