


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000044530 1. Entity Name MARYLIN MONTGOMERY TRAVEL, LLC	
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Principal Place of Business 110 SOLANA ROAD SUITE 106 PONTE VEDRA BEACH FL 32082	Mailing Address 110 SOLANA ROAD SUITE 106 PONTE VEDRA BEACH FL 32082
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State Zip Country	City & State Zip Country
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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MONTGOMERY, MARYLIN 110 SOLANA RD SUITE 106 PONTE VEDRA BEACH FL 32082

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 _____	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	DATE _____
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, MAYLIN	U00000324585 04/22/05-80099-008 50.00
STREET ADDRESS	110 SOLANA ROAD SUITE 106	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Marylin Montgomery</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<i>April 20</i> <small>Date</small>	<i>904285-2322</i> <small>Daytime Phone #</small>
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