


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000044530 <small>1. Entity Name</small> MARYLIN MONTGOMERY TRAVEL, LLC	
--	---

<small>Principal Place of Business</small> 110 SOLANA ROAD SUITE 106 PONTE VEDRA BEACH FL 32082	<small>Mailing Address</small> 110 SOLANA ROAD SUITE 106 PONTE VEDRA BEACH FL 32082
---	---



<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>

1st MOORE CR2E083 (10/05)

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

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
<small>Name</small>
<small>Street Address (P O Box Number is Not Acceptable)</small>
<small>City</small> FL <small>Zip Code</small>

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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<small>TITLE</small> MGR	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>
<small>NAME</small> MONTGOMERY, MAYLIN		<small>NAME</small>	
<small>STREET ADDRESS</small> 110 SOLANA ROAD SUITE 106		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small> PONTE VEDRA BEACH FL 32082		<small>CITY - ST - ZIP</small>	000000471693 03/29/06-80006-025 50.00
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marilyn Montgomery* **APR 14 2006** **904 285-2777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #