

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016385

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: TRAVMAR LLC

**Current Principal Place of Business:**

10401 RESOTA BEACH RD  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

10401 RESOTA BEACH RD  
SOUTHPORT, FL 32409

**New Mailing Address:**

FEI Number: 81-0644930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAGE, WILLIAM M  
10401 RESOTA BEACH RD  
SOUTHPORT, FL 32409 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAGE, WILLIAM M  
Address: 10401 RESOTA BEACH RD  
City-St-Zip: SOUTHPORT, FL 32409

Title: MGRM ( ) Delete  
Name: PAGE, VIOLET A  
Address: 10401 RESOTA BEACH RD  
City-St-Zip: SOUTHPORT, FL 32409

Title: MGRM ( ) Delete  
Name: PAGE, WILLIAM T  
Address: 10401 RESOTA BEACH RD  
City-St-Zip: SOUTHPORT, FL 32409

**ADDITIONS/CHANGES:**

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

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

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

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: VIOLET PAGE

VP

01/15/2008

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