

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019383

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: TRAVEL PLANNERS INTERNATIONAL LLC

## Current Principal Place of Business:

1140 EAST ALTAMONTE DRIVE, SUITE 1019  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

2221 LEE ROAD  
SUITE 27  
WINTER PARK, FL 32789

## Current Mailing Address:

1140 EAST ALTAMONTE DRIVE, SUITE 1019  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

2221 LEE ROAD  
WINTER PARK, FL 32789

FEI Number: 43-2046543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAGLIANO, ANTHONY M  
1140 EAST ALTAMONTE DRIVE, SUITE 1019  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

GAGLIANO, ANTHONY M  
2221 LEE ROAD  
WINTER PARK, FL 32789 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: ANTHONY M. GAGLIANO

03/21/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: GAGLIANO, ANTHONY M TRUSTEE  
Address: 1140 EAST ALTAMONTE DRIVE, SUITE 1019  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Delete  
Name: GAGLIANO, MARIETTA E TRUSTEE  
Address: 1140 EAST ALTAMONTE DRIVE, SUITE 1019  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Delete  
Name: GAGLIANO, ANTHONY M  
Address: 14440 NOTTINGHAM WAY CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete  
Name: GAGLIANO, MICHAEL  
Address: 4974 MAPLE GLEN PLACE  
City-St-Zip: LAKE FOREST, FL 32771

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GAGLIANO, ANTHONY M TRUSTEE  
Address: 2221 LEE ROAD  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Change ( ) Addition  
Name: GAGLIANO, MARIETTA E TRUSTEE  
Address: 2221 LEE ROAD  
City-St-Zip: WINTER PARK, FL 32789

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 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 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: ANTHONY M. GAGLIANO

CEO

03/21/2005

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