

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019383

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** TRAVEL PLANNERS INTERNATIONAL LLC

**Current Principal Place of Business:**

2500 MAITLAND CENTER PARKWAY  
SUITE 230  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2500 MAITLAND CENTER PARKWAY  
SUITE 230  
MAITLAND, FL 32751

**New Mailing Address:**

**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 TRUSTEE  
2500 MAITLAND CENTER PARKWAY  
SUITE 230  
MAITLAND, FL 32751 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: MR. ( ) Delete  
Name: GAGLIANO, ANTHONY M TRUSTEE  
Address: 2500 MAITLAND CENTER PARKWAY, SUITE 230  
City-St-Zip: MAITLAND, FL 32751

Title: MRS. ( ) Delete  
Name: GAGLIANO, MARIETTA E TRUSTEE  
Address: 2500 MAITLAND CENTER PARKWAY, SUITE 230  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES:**

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: KEN GAGLIANO

PRES

04/16/2008

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