

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000040334

Entity Name: EUOTRIP 2004, LLC

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

943 NE 24TH AVENUE  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

P.O. BOX 416705  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

943 NE 24TH AVENUE  
POMPANO BEACH, FL 33062

**New Mailing Address:**

P.O. BOX 416705  
MIAMI BEACH, FL 33141

FEI Number: 54-2154239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVY, LAWRENCE ESQ  
LAW OFFICE OF LAWRENCE LEVY, P.A.  
2500 N. MILITARY TRAIL, STE. 260  
BOCA RATON, FL 33431 US

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

CONDE & COHEN, P.L.  
150 E. PALMETTO PARK RD.  
SUITE 110  
BOCA RATON, FL 33432 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: AARON R. COHEN

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VACA, VICTOR-HUGO II  
Address: 943 NE 24TH AVENUE  
City-St-Zip: POMPAN0 BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VACA, VICTOR-HUGO II  
Address: P.O. BOX 416705  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR-HUGO VACA II

MGR

04/25/2006

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