

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083675

Entity Name: FAM TRIP TOURS.COM, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

3075 W. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

3075 W. OAKLAND PARK BLVD.
#206
FT. LAUDERDALE, FL 33311

Current Mailing Address:

3400 N.W. 78TH AVENUE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-1922061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILICHOWSKI, STEVEN
3400 N.W. 78TH AVENUE
MARGATE, FL 33311 US

Name and Address of New Registered Agent:

KILICHOWSKI, STEVEN
3400 N.W. 78TH AVENUE
MARGATE, FL 33063 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:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FERNANDEZ, MARIO
Address: 3075 W. OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: MGRM () Delete
Name: KILICHOWSKI, STEVEN
Address: 3400 N.W. 78TH AVENUE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, MARIO
Address: 3075 W. OAKLAND PARK BLVD. #206
City-St-Zip: FT. LAUDERDALE, FL 33311

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: STEVEN L. KILICHOWSKI

MM

04/29/2005

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