

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085461

Entity Name: FLORIDA VIP TRAVEL & TOUR LLC

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

5501 ROSEBRIAR WAY
207
ORLANDO, FL 32822

New Principal Place of Business:

3936 S SEMORAN BLVD
376
ORLANDO, FL 32822

Current Mailing Address:

5501 ROSEBRIAR WAY
207
ORLANDO, FL 32822

New Mailing Address:

3936 S SEMORAN BLVD
376
ORLANDO, FL 32822

FEI Number: 20-1921583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ARIEL
5501 ROSEBRIAR WAY
207
ORLANDO, FL 32703 US

Name and Address of New Registered Agent:

ARIEL, ARIEL
721 STONEWYK WAY
KISSIMMEE, FL 34744 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: ARIEL ALVAREZ

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALVAREZ, ARIEL
Address: 5501 ROSEBRIAR WAY SUITE 207
City-St-Zip: ORLANDO, FL 32822

Title: MGRM (X) Delete
Name: COMBINA, JOSE A
Address: 5501 ROSEBRIAR WAY SUITE 207
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALVAREZ, ARIEL
Address: 3936 S SEMORAN
City-St-Zip: ORLANDO, FL 32822

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 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: ARIEL ALVAREZ

MGR

01/31/2006

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