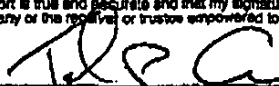


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086500			
1. Entity Name LUXURY TRAVEL ASSOCIATES, LLC			
Principal Place of Business 405 LEXINGTON AVENUE, 54TH FLOOR NEW YORK, NY 10174		Mailing Address 405 LEXINGTON AVENUE, 54TH FLOOR NEW YORK, NY 10174	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing office)			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member John P. Conroy 405 Lexington Ave 54th Fl New York NY 10174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000054303920 05/12/05--01005--019 **45.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Jonathan Breene 405 Lexington Ave 54th Fl New York NY 10174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000054303920 05/12/05--01005--020 **5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 relative or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		Date: 5/3/05	
SIGNATURE (Typed or Printed Name of Existing Managing Member, Manager, or Authorized Representative)		Date	

FILED
05 MAY -5 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

