## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000086500

1. Entity Name LUXURY TRAVEL ASSOCIATES, LLC



FILED Mar 09, 2007 08:00 AM Secretary of State

Principal Place of Business

405 LEXINGTON AVENUE, 54TH FLOOR C/O SETAI GROUP NEW YORK, NY 10174 Mailing Address

405 LEXINGTON AVENUE, 54TH FLOOR C/O SETAI GROUP NEW YORK, NY 10174



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1965237

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 E. PARK AVE, TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li></ol>	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CONROY, JOHN P
STREET ADDRESS	405 LEXINGTON AVENUE, 54TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10174
TITLE	MGRM
NAME	BREENE, JONATHAN
STREET ADDRESS	405 LEXINGTON AVENUE, 54TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY+ST-ZIP	

U00000660747 03/20/07-80013-002 50.00

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-SJ-ZIP

JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,

AUTHORIZED REPRESENTATIVE

3/5/07

Daytime Phon