## ANNUAL REPORT

## 2007 LIMITED LIABILITY COMPANY FILED Jul 10, 2007 08:00 AM **Secretary of State DOCUMENT # L04000089051** 1. Entity Name TRANSPORTATION & TOURISM INTERNATIONAL, LLC Principal Place of Business Mailing Address 6103 AOUA AVENUE 6103 AQUA AVENUE **604 SPEAR BUILDING** 604 SPEAR BUILDING MIAMI BEACH, FL 33141 115 MIAMI BEACH, FL 33141 US 07032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0549544 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WRIGHT, BLANDIN J DO NOT WRITE 6103 AQUA AVENUE 604 SPEAR BUILDING IN THIS SPACE MIAMI BEACH, FL 33141 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 b, typed or printed name of register (NOTE, Registered Agent signature required when reinstating) agent and tille if applicable Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE U00000767694 WRIGHT, BLANDIN J NAME 07/10/07-80014-022 50.00 STREET ADDRESS 6103 AQUA AVENUE, #604 CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

786-282-8009