

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003890

**FILED**  
**Jan 24, 2006**  
**Secretary of State**

**Entity Name:** OUT AND ABOUT TRAVEL LLC

**Current Principal Place of Business:**

122 ROOSEVELT ST.  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

122 ROOSEVELT ST.  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 20-2166591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COCHRAN, JEFFREY L  
122 ROOSEVELT STREET  
TITUSVILLE, FL 327802960 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COCHRAN, JEFFREY  
Address: 122 ROOSEVELT ST.  
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM ( ) Delete  
Name: MEYER, MAX  
Address: 122 ROOSEVELT ST.  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COCHRAN, JEFFREY L  
Address: 122 ROOSEVELT ST.  
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM (X) Change ( ) Addition  
Name: MEYER, MAX A  
Address: 122 ROOSEVELT ST.  
City-St-Zip: TITUSVILLE, FL 32780

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: JEFFREY L COCHRAN

MGRM

01/24/2006

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