

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90200 016 ****50.00

DOCUMENT # L05000004782 1. Entity Name TRAVEL "R" US, LLC			
Principal Place of Business 2515 BAYSHORE GARDEN PARKWAY # 9 BRADENTON, FL 34207		Mailing Address 2515 BAYSHORE GARDEN PARKWAY # 9 BRADENTON, FL 34207	
2. Principal Place of Business - No P.O. Box # 2808 60th Ave W Suite, Apt. #, etc. # 1006 City & State Bradenton, FL Zip 34207 Country USA		3. Mailing Address 2808 60th Ave W Suite, Apt. #, etc. # 1006 City & State Bradenton, FL Zip 34207 Country USA	
			
		03222007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 20-2195167	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLDAN, NONA B 2515 BAYSHORE GARDEN PARKWAY # 9 BRADENTON, FL 34207		7. Name and Address of New Registered Agent Name Roldan, Nona B Street Address (P.O. Box Number is Not Acceptable) 2808 60th Ave W # 1006 City Bradenton FL Zip Code 34207	
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 <u>Nona B. Roldan</u> DATE <u>3/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLDAN, NONA B	NAME	Roldan, Nona B
STREET ADDRESS	2515 BAYSHORE GARDEN PARKWAY, # 9	STREET ADDRESS	2808 60th Ave W, # 1006
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP	Bradenton, FL 34207
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 <u>Nona B. Roldan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3/22/07</u> Daytime Phone # <u>941-755-7553</u>	