


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 APR 27 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000031346 1. Entity Name VOLARE TRAVEL INTERNATIONAL, LLC.					
Principal Place of Business 2020 W PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304			Mailing Address PO BOX 2535 TALLAHASSEE, FL 32316 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-2589270			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LEONI, STEVEN M 2020 W PENSACOLA ST SUITE 27 TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM <input type="checkbox"/> Delete NAME LEONI, CARLO STREET ADDRESS 225 NE 34TH STREET, SUITE 211 CITY-ST-ZIP MIAMI FL 33137			TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME LEONI, CARLO STREET ADDRESS 225 NE 34TH STREET, SUITE 211 CITY-ST-ZIP MIAMI, FL 33137		
TITLE MGRM <input type="checkbox"/> Delete NAME LEONI, STEVEN M STREET ADDRESS PO BOX 2535 CITY-ST-ZIP TALLAHASSEE, FL 32316			TITLE 900101630133 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 05/07/07--01005--001 **50.00		
TITLE MGR <input checked="" type="checkbox"/> Delete NAME LEONI, DOUGLAS S STREET ADDRESS P O BOX 2535 CITY-ST-ZIP TALLAHASSEE, FL 32316			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: _____ 4/23/07 850-580-3131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					