2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000045262

1. Entity Name
CONTACT TOURS, LLC



FILED Mar 22, 2007 08:00 A Secretary of State

Principal Place of Business

10923 NW 18TH PLACE PLANTATION, FL 33322 Mailing Address

10923 NW 18TH PLACE PLANTATION, FL 33322



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2797456

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHE & LEIGH, LLP 2455 E. SUNRISE BLVD. SUITE 602 FT LAUDERDALE, FL 33304

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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.

Signature, typed or printed name of registered agent and title 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOCQUET, BERTILLE 9286 N. CHELSEA DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEEHL, ANNE 9286 N. CHELSEA DRIVE PLANTATION, FL 33324
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING-MEMBER, OR AUTHORIZED REPRESENTATIVE

01/22/07

954.577.261

Daytime Phone #