

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050847

FILED  
May 13, 2006  
Secretary of State

Entity Name: AFT TRAVEL LLC

**Current Principal Place of Business:**

920 16TH AVENUE NORTH  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

920 16TH AVENUE NORTH  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 20-2892033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PARKWAY, SUITE 300  
TAMPA, FL 336372087 US

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: BROOKER, SHAUN  
Address: 920 16TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM ( ) Delete  
Name: CROXTON, BENJAMIN  
Address: 920 16TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHAUN BROOKER

MGRM

05/13/2006

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