

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050847

FILED
Apr 28, 2008
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 ()

Name and Address of Current Registered Agent:

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

04/28/2008

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