

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

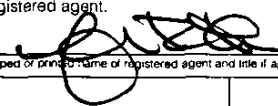
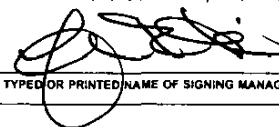
**FILED**  
**Aug 03, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90031 045 \*\*\*\*50.00

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07312007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000056834			
1. Entity Name DELUXECHINATOURS, LLC			
Principal Place of Business 1040 SEMINOLE DRIVE, SUITE SUITE 1558 FORT LAUDERDALE, FL 33304 US		Mailing Address 1040 SEMINOLE DRIVE, SUITE 1558 FORT LAUDERDALE, FL 33304 US	
2. Principal Place of Business - No P.O. Box # 1730 NE 28TH DRIVE Suite, Apt. #, etc.		3. Mailing Address 1730 NE 28TH DRIVE Suite, Apt. #, etc.	
City & State WILTON MANORS FL		City & State WILTON MANORS, FL	
Zip 33334	Country	Zip 33334	Country
4. FEI Number 20-3862047		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BILAS, JOHN R 1040 SEMINOLE DRIVE, SUITE 1558 FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name: BILAS, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1730 NE 28TH DRIVE City: WILTON MANORS FL Zip Code: 33334	
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: 		DATE: 7/31/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILAS, JOHN R 1040 SEMINOLE DRIVE, SUITE 1558 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILAS, JOHN R 1730 NE 28TH DRIVE WILTON MANORS, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 7/31/07 Daytime Phone: 954-567-4509	