

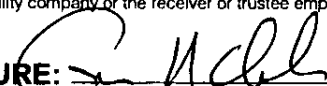


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90009 022 ****55.00

DOCUMENT # L05000093228					
1. Entity Name TRAVEL COUNSELORS, LLC					
Principal Place of Business SUNTRUST FINANCIAL CENTRE SUITE 1700, 401 E. JACKSON STREET TAMPA, FL 33602-5803			Mailing Address SUNTRUST FINANCIAL CENTRE SUITE 1700, 401 E. JACKSON STREET TAMPA, FL 33602-5803		
2. Principal Place of Business 801 INTERNATIONAL PARKWAY Suite, Apt. #, etc. 5TH FLOOR City & State LAKE MARY, FLORIDA Zip 32746 Country USA		3. Mailing Address 801 INTERNATIONAL PARKWAY Suite, Apt. #, etc. 5TH FLOOR City & State LAKE MARY, FLORIDA Zip 32746 Country USA			
04242006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-3537044	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOCK, RONALD G SUNTRUST FINANCIAL CENTRE SUITE 1700, 401 E. JACKSON STREET TAMPA, FL 33602-5803			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - CHAIRMAN <input type="checkbox"/> Delete DAVID SPEAKMAN TRAVEL HOUSE, CHURCHGATE BOLTON BL 11TH, UK		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - CEO <input type="checkbox"/> Delete STEPHEN BYRNE TRAVEL HOUSE, CHURCHGATE BOLTON BL 11TH, UK		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - PRESIDENT & COO <input type="checkbox"/> Delete GRAEME CLARKE 801 INTERNATIONAL PARKWAY SUITE 1700 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - SECRETARY/TREASURER <input type="checkbox"/> Delete DEREK LORTON TRAVEL HOUSE, CHURCHGATE BOLTON BL 11TH, UK		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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: 			GRAEME R. CLARKE 4/26/06 407 562-1859		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					