

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90203 007 ***138.75

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02252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000097277			
1. Entity Name TRAVELTOW INTERNATIONAL, L.L.C.			
Principal Place of Business 5422 CARRIER DRIVE ORLANDO, FL 32819		Mailing Address 5422 CARRIER DRIVE ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # 2875 S ORANGE AVE		3. Mailing Address P.O. BOX 508527	
Suite, Apt. #, etc. SUITE 536		Suite, Apt. #, etc.	
City & State ORLANDO, FL 3		City & State ORLANDO, FL	
Zip 32806	Country USA	Zip 32856	Country USA
4. FEI Number NOT APPLICABLE		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 DUREK, JOSEPH D JR 5422 CARRIER DRIVE ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name JOSEPH D DUREK JR Street Address (P.O. Box Number is Not Acceptable) 2875 S ORANGE AVE SUITE 536 City ORLANDO FL Zip Code 32806	
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 <u>Joseph D. Durek Jr.</u> DATE <u>2/23/08</u> <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUREK, JOSEPH D JR 5422 CARRIER DRIVE, SUITE 105 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2875 S ORANGE AVE SUITE 536 ORLANDO FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Joseph D. Durek Jr.</u>		Date <u>2/23/08</u> Daytime Phone # <u>407 370 0845</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			