

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006774

FILED
Apr 14, 2009
Secretary of State

Entity Name: TRUSTED TOURS OF AMERICA, L.L.C.

Current Principal Place of Business:

201 FRONT STREET
SUITE 224
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET
SUITE 224
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 20-4181293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT, EDWIN O III
201 FRONT STREET
224
KEY WEST, FL 33040 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: SWIFT, III, EDWIN O MGRM
Address: 201 FRONT STREET, SUITE 224
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: BELLAND, CHRISTOPHER MGRM
Address: 201 FRONT STREET, SUITE 224
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: MOSHER, GERALD R MGRM
Address: 201 FRONT STREET, SUITE 224
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: MCPHERSON, BENJAMIN MGRM
Address: 201 FRONT STRETE, SUITE 224
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

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

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

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: EDWIN O. SWIFT, III

MGRM

04/14/2009

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