

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000010093

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** PARTNERSHIP TRAVEL CONSULTING, LLC

**Current Principal Place of Business:**

1217 E. CAPE CORAL PARKWAY  
105  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1217 E. CAPE CORAL PARKWAY  
105  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 42-1693046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENKES, ANDREW W  
1217 E. CAPE CORAL PARKWAY  
105  
CAPE CORAL, FL 33904 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  
Name: MENKES, ANDREW W  
Address: 1217 E. CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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: ANDREW W MENKES

CEO

01/05/2010

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