

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012906

Entity Name: AISLING TOURS, LLC

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

2279 NOVA VILLAGE DRIVE  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

2279 NOVA VILLAGE DRIVE  
DAVIE, FL 33317

**New Mailing Address:**

FEI Number: 22-3921330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR ( ) Delete  
Name: KILROY, JENNETTE L  
Address: 2279 NOVA VILLAGE DRIVE  
City-St-Zip: DAVIE, FL 33317

Title: MGR ( ) Delete  
Name: KILROY, DAVID P  
Address: 2279 NOVA VILLAGE DRIVE  
City-St-Zip: DAVIE, FL 33317

Title: ST ( ) Delete  
Name: KILROY, JENNETTE L  
Address: 2279 NOVA VILLAGE DRIVE  
City-St-Zip: DAVIE, FL 33317

**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:

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: JENNETTE KILROY

MGR

04/25/2007

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