


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90030 032 ****50.00

DOCUMENT # L06000024811 1. Entity Name TRAVIS & DHARMA, LLC					
Principal Place of Business 222 NEWBURYPORT AVENUE ALTAMONTE SPRINGS, FL 32701			Mailing Address 222 NEWBURYPORT AVENUE ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent BARCUS, STEVEN L 222 NEWBURYPORT AVENUE ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 65-1269677	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Applied For <input type="checkbox"/> Not Applicable	
Filing Fee is \$50.00 Due by May 1, 2007				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARCUS, STEVEN L 222 NEWBURYPORT AVENUE ALTAMONTE SPRINGS, FL 32701 <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	
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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: <i>Steven L. Barcus</i> Manager			JAN. 11, 2007		(407) 332-1289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #
STEVEN L. BARCUS, MANAGER					