

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027057

FILED
May 08, 2007
Secretary of State

Entity Name: MAKING TRAVEL MEMORIES, LLC

Current Principal Place of Business:

13256 EARLY RUN LANE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

13256 EARLY RUN LANE
RIVERVIEW, FL 33569 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR
2730 WHITE SANDS DRIVE
SUITE 3-A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

FLORIDA INCORPORATOR
4225 BERKSHIRE DRIVE
SUITE 3-A
SARASOTA, FL 34241 US

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:

05/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STICKELMAN, JASON S
Address: 13256 EARLY RUN LANE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM () Delete
Name: STICKELMAN, KARLA M
Address: 13256 EARLY RUN LANE
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES:

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: KARLA M. STICKELMAN

MGRM

05/08/2007

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