


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90080 015 ****50.00

DOCUMENT # L06000065936		
1. Entity Name ADVANTAGE TRAVEL LLC		

Principal Place of Business 10000 CORTEZ BLVD BROOKSVILLE, FL 34606 US	Mailing Address 10000 CORTEZ BLVD BROOKSVILLE, FL 34606 US
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2. Principal Place of Business - No P.O. Box # 8515 FLEETWAY AVE	3. Mailing Address 8515 FLEETWAY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BROOKSVILLE FL	City & State BROOKSVILLE FL
Zip 34613	Country
Country	Zip 34613
Country	Country



04102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent NEUMAMM, KAREN L 5422 HORNAWAY AVE SPRING HILL, FL 34606	
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7. Name and Address of New Registered Agent	
Name HELEN CHAPMAN	
Street Address (P.O. Box Number is Not Acceptable)	
8515 FLEETWAY AVE	
City BROOKSVILLE	FL Zip Code 34613

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.

SIGNATURE *Helen Chapman* DATE *4/27/07*
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPMAN, HELEN 8515 FLEETWAY AVE BROOKSVILLE, FL 34613 <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	MGR NEUMANN, KAREN L 5422 HORNAWAY AVE SPRING HILL, FL 34606 <input checked="" 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: *Helen Chapman* HELEN CHAPMAN DATE *4/27/07* 352-684-4087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #