2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/14/2007-90028-046-$50.00-$50.00

DOCUMENT # L06000076886

1. Entity Name

BIG DADDY TRAVELS, LLC

FILED

2007 OCT 18 P 2:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
521 MANDALAY AVENUE #1210 CLEARWATER BEACH FL 33767	521 MANDALAY AVENUE #1210 CLEARWATER BEACH FL 33767
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

2nd MOORE CR2E083 (4/07)

4. FEI Number 20-2355494 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVER, ROBERT T 521 MANDALAY AVENUE #1210 CLEARWATER BEACH FL 33767	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, ROBERT T 521 MANDALAY AVENUE, #1210 CLEARWATER BEACH FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, CHARLOTTE B 521 MANDALAY AVENUE, #1210 CLEARWATER BEACH FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Robert T Oliver 9/4/07 727-442-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #