

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90304 025 ****55.00

DOCUMENT # L06000097113

1. Entity Name
RJR PREMIER BUS CHARTERS, LLC



Principal Place of Business
**2557 CHRISTOPHER DRIVE
TITUSVILLE, FL 32780**

Mailing Address
**2557 CHRISTOPHER DRIVE
TITUSVILLE, FL 32780**

20005052



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

22-394 3854

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MEL, RONALD
2557 CHRISTOPHER DRIVE
TITUSVILLE, FL 32780** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MEL, LISA
2557 CHRISTOPHER DRIVE
TITUSVILLE, FL 32780** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
MEL, LISA
2557 CHRISTOPHER DRIVE
TITUSVILLE, FL 32780** ☐ Delete

TITLE
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☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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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:

[Signature]

2-18-07

321-631-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #