


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90361 008 ****50.00

DOCUMENT # L06000105299	
1. Entity Name DOWLAR TRAVEL, LLC	

Principal Place of Business 108 CARLYLE CIRCLE PALM HARBOR FL 34683	Mailing Address 108 CARLYLE CIRCLE PALM HARBOR FL 34683
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2. Principal Place of Business - No P.O. Box # 108 Carlyle Circle	3. Mailing Address 108 Carlyle Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State Palm Harbor FL	City & State Florida
Zip 34683	Zip 34683
Country USA	Country USA

4. FEI Number 20-8734183	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LYONS, GARY W ESQ. 311 SOUTH MISSOURI AVENUE CLEARWATER FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering)	DATE
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FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2007	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR DOWLAR, BRENDA SUE 108 CARLYLE CIRCLE PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Brenda Sue Dowlar</i>	4-12-07	727-687-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #