2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2007
Secretary of State

DOCUMENT# L06000112709

Entity Name: ANYWHERE TO EVERYWHERE TRAVEL, LLC

Current Principal Place of Business:

1035 TAWNY EAGLE DRIVE
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

1035 TAWNY EAGLE DRIVE
GROVELAND, FL 34736 US

New Mailing Address:

PO BOX 1117
MINNEOLA, FL 34755 US

FEI Number: 20-5933676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BEN DAVID, AARON S MR.
1035 TAWNY EAGLE DRIVE
GROVELAND, FL 34736 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: AARON S. BEN DAVID 08/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BEN DAVID, DEBORAH A
Address: P.O. BOX 1117
City-St-Zip: MINNEOLA, FL 34755 US

Title: MGRM ( ) Delete
Name: BEN DAVID, AARON S
Address: P.O. BOX 1117
City-St-Zip: MINNEOLA, FL 34755 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: AARON S. BEN DAVID MGRM 08/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date