

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119102

FILED
Apr 18, 2007
Secretary of State

Entity Name: MED TRAVEL WORLD, LLC

Current Principal Place of Business:

8618 NW 44TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8618 NW 44TH STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, JOSEPH C
12952 NW 23 STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAMES, JOSEPH C
Address: 12952 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: MATHEW, STEPHEN DR
Address: 11048 NASHVILLE DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: MGR () Delete
Name: THOMAS, VINCENT
Address: 424 COLTS RUN ROAD
City-St-Zip: WILLIAMSTOWN, NJ 08094

Title: MGR () Delete
Name: PULLATTU, THOMAS
Address: 8618 NW 44 STREET
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: SEBASTIAN, ANTONY
Address: 107 ELEANOR DRIVE
City-St-Zip: KENDAL PARK, NJ 08824

Title: MGR () Delete
Name: LUKA, THOMAS
Address: 210 SW 167 AVE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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 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: JAMES JOSEPH MGRM 04/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date