

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/15

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90112 016 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                |                                                                   |                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000026142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                |                                                                   |                                                            |  |
| 1. Entity Name<br>LINDAM TRAVEL, LLC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                |                                                                   |                                                                                                                                             |  |
| Principal Place of Business<br>8 LAURA COURT<br>PALM COAST, FL 32137 US                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                | Mailing Address<br>8 LAURA COURT<br>PALM COAST, FL 32137 US       |                                                                                                                                             |  |
| 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                                                           | 4. FEI Number<br><b>20-8597398</b>                                                                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                |                                                                   | Applied For<br>Not Applicable                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br>BYRNE, LINDA<br>8 LAURA COURT<br>PALM COAST, FL 32137                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                                |                                                                   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                |                                                                   |                                                                                                                                             |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                | Make check payable to<br>Florida Department of State              |                                                                                                                                             |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                                | 10. ADDITIONS/CHANGES                                             |                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>BYRNE, LINDA<br>8 LAURA COURT<br>PALM COAST, FL 32137 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>BYRNE, MICHAEL<br>8 LAURA COURT<br>PALM COAST, FL 32137 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                             |  |
| 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: <u>Linda R. Byrne</u> <u>Linda R. Byrne</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                | Date <u>4-9-08</u> Daytime Phone # <u>386-864-7318</u>            |                                                                                                                                             |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                |                                                                   |                                                                                                                                             |  |