

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031900

FILED
May 01, 2009
Secretary of State

Entity Name: TRAVEL DREAMS INTERNATIONAL LLC

Current Principal Place of Business:

12901 SW 188 STREET
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

12901 SW 188 STREET
MIAMI, FL 33177

New Mailing Address:

FEI Number: 20-8705338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

CAMPBELL, CLIVE A
12901 SW 188 STREET
MIAMI, FL 33177 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPBELL, CLIVE A
Address: 12901 SW 188 STREET
City-St-Zip: MIAMI, FL 33177

Title: MGRM () Delete
Name: NARINE, JANET P
Address: 14724 SW 173 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: MGRM () Delete
Name: MONROE, NATHANIEL
Address: 18250 SW 292 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM () Delete
Name: CAMPBELL, ROY W
Address: 15934 SW 139 STREET
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES:

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

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

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: CLIVE CAMPBELL

MGRM

05/01/2009

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