

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087359

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** FALCON TRAVEL ITERNATIONAL LLC

**Current Principal Place of Business:**

5711 LEGACY CRESCENT PLACE  
SUITE 304  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

13250 N. 56 STREET  
203  
TAMPA, FL 33617

**Current Mailing Address:**

5711 LEGACY CRESCENT PLACE  
SUITE 304  
RIVERVIEW, FL 33578

**New Mailing Address:**

P.O. BOX 16605  
TAMPA, FL 33687

**FEI Number:** 26-0806104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KADOURA, SARA M  
5711 LEGACY CRESCENT PLACE  
SUITE 304  
RIVERVIEW, FL 33578 US

**Name and Address of New Registered Agent:**

KADOURA, SARA M  
13250 N. 56 STREET  
SUITE 203  
TAMPA, FL 33617 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:** SARA KADOURA

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** KADOURA, SARA M  
**Address:** 5711 LEGACY CRESCENT PLACE  
**City-St-Zip:** RIVERVIEW, FL 33578

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** KADOURA, SARA M  
**Address:** 13250 N. 56 STREET  
**City-St-Zip:** TAMPA, FL 33617

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:** SARA KADOURA

MGR

03/24/2009

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