2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000100338

Entity Name: TRAVEL CARE PROPERTY INVESTMENT, LLC

Current Principal Place of Business:

12955 BISCAYNE BLVD.
#406
MIAMI, FL 33181 US

New Principal Place of Business:

12550 BISCAYNE BLVD.
#506
MIAMI, FL 33181 US

Current Mailing Address:

100 N. BISCAYNE BLVD.
SUITE 1001
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 26-1209032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNSTEIN, JEFFREY A
100 N. BISCAYNE BLVD.
SUITE 1001
MIAMI, FL 33132 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: POIRIER, NICOLE
Address: 12955 BISCAYNE BLVD. #406
City-St-Zip: MIAMI, FL 33181 US

Title: MGRM ( ) Delete
Name: POIRIER, CHRISTIAN
Address: 12955 BISCAYNE BLVD. #406
City-St-Zip: MIAMI, FL 33181 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POIRIER, NICOLE
Address: 12550 BISCAYNE BLVD. #506
City-St-Zip: MIAMI, FL 33181 US

Title: MGRM (X) Change ( ) Addition
Name: POIRIER, CHRISTIAN
Address: 12550 BISCAYNE BLVD. #506
City-St-Zip: MIAMI, FL 33181 US

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: NICOLE POIRIER MGRM 04/28/2008

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