

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127319

FILED
Apr 21, 2008
Secretary of State

Entity Name: SWFL TRADE & TRAVEL CONSULTING, L.L.C.

Current Principal Place of Business:

718 CANTON AVENUE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

718 CANTON AVENUE
LEHIGH ACRES, FL 33972

New Mailing Address:

5109 DEL PRADO BLVD. S
CAPE CORAL, FL 33904

FEI Number: 90-0355953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLLINS, VIOLA
5109 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

COLLINS, VIOLA ACCOUNT
5109 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904 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: VIOLA COLLINS

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOLINI, RENATO
Address: ORIONWEG 10
City-St-Zip: D-85609 ASCHHEIM GERMANY,

Title: MGR () Delete
Name: THURNER, KARIN
Address: ORIONWEG 10
City-St-Zip: D-85609 ASCHHEIM GERMANY,

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOLINI, RENATO
Address: ORIONWEG 10
City-St-Zip: ASCHHEIM, GERMANY, D 85609 D

Title: MGR (X) Change () Addition
Name: THURNER, KARIN
Address: EICHENWEG 6A
City-St-Zip: ANZING, GERMANY, D 85646 D

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: KARIN THURNER, RENATO BOLINI

MGR

04/21/2008

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