2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000858

1. Entity Name
SELECT TRAVEL, L.C.

Principal Place of Business	Mailing Address
1125 U.S. HWY 98 SOUTH, SUITE 200 LAKELAND, FL 33801	1125 U.S. HWY 98 SOUTH, SUITE 200 LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

03182004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3461954
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

100000098826
03/29/04-80058-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ST JOHN, JOSEPH
STREET ADDRESS	1125 U.S. HWY 98 SOUTH, SUITE 200
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MEM
NAME	MAYHUGH, LINDA
STREET ADDRESS	1125 U.S. HWY 98 SOUTH, SUITE 200
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MEM
NAME	MACK, FRANK T
STREET ADDRESS	1125 U.S. HWY 98 SOUTH, SUITE 200
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda Mayhugh 3/22/04 8636861400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #