


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90188 040 ****50.00

| | |
|---------------------------------------|---|
| DOCUMENT # L99000002658 |  |
| 1. Entity Name FLORIDA4TRAVEL, LLC | |

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|---|---|
| Principal Place of Business C/O BAUR, WOODBRIDGE, REUS & KLEIN, P.A. 100 N BISCAYNE BLVD 21ST FLOOR MIAMI, FL 33132-2306 | Mailing Address C/O BAUR, WOODBRIDGE, REUS & KLEIN, P.A. 100 N BISCAYNE BLVD 21ST FLOOR MIAMI, FL 33132-2306 |
|---|---|

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|--|--|
| 2. Principal Place of Business 15691 IONA LAKES DR. | 3. Mailing Address 15691 IONA LAKES DR. |
|--|--|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------------------------|--------------------------------|
| City & State FORT MYERS, FL | City & State FORT MYERS, FL |
| Zip 33908 | Zip 33908 |
| Country USA | Country USA |

01142004 Chg-LLC CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0931326 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

BAUR, THOMAS ESQ
NEW WORLD TOWER 21ST FLOOR
100 N BISCAYNE BLVD
MIAMI, FL 33132-2306

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ECKERMANN, DR. REINER UBIERSTR 2 D-65719 HOFHEIM GERMANY, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Jochen Eckermann 15691 Iona Lakes Dr. Ft. Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---|-----------------------|
| SIGNATURE:  | 01/20/04 238-410-0653 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |