

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002658

Entity Name: FLORIDA4TRAVEL, LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

15691 IONA LAKES DR.
FORT MYERS, FL 33908

New Principal Place of Business:

1304 SW 23RD STREET
CAPE CORAL, FL 33991

Current Mailing Address:

15691 IONA LAKES DR.
FORT MYERS, FL 33908

New Mailing Address:

1304 SW 23RD STREET
CAPE CORAL, FL 33991

FEI Number: 65-0931326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUR, THOMAS ESQ
NEW WORLD TOWER 21ST FLOOR
100 N BISCAYNE BLVD
MIAMI, FL 331322306 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/MEMBERS:

Title: MGRM () Delete
Name: ECKERMANN, DR. REINER
Address: UBIERSTR 2
City-St-Zip: D-65719 HOFHEIM GERMANY,

Title: MGRM () Delete
Name: ECKERMANN, JOCHEN
Address: 15691 IONA LAKES DR.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ECKERMANN, DR. REINER
Address: 1304 SW 23RD STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM (X) Change () Addition
Name: ECKERMANN, JOCHEN
Address: 1304 SW 23RD STREET
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REINER ECKERMANN

MGRM

04/26/2005

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