

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001310

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: FIRST PRIORITY TRAVEL, LLC

## Current Principal Place of Business:

100 E PINE ST., SUITE 202  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

100 E PINE ST., SUITE 202  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: 02-0526622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CURRAN, WILLIAM E  
Address: 17 OLDE ENGLISH LANE  
City-St-Zip: GILFORD, NH 03246

Title: MGRM ( ) Delete  
Name: DELUCA, PAUL  
Address: 100 E. PINE ST., #202  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete  
Name: DELUCA, NANCY  
Address: 100 E. PINE ST., #202  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: CURRAN, DEBORAH  
Address: 17 OLDE ENGLISH LANE  
City-St-Zip: GILFORD, NH 03246

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY C DELUCA

MGRM

01/04/2007

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