


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90047 012 ****50.00

DOCUMENT # M03000004030	
1. Entity Name CONSOLIDATED RESORTS TRAVEL, LLC	

Principal Place of Business 250 PILOT RD., STE. 300 LAS VEGAS, NV 89119	Mailing Address 250 PILOT RD., STE. 300 LAS VEGAS, NV 89119
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2. Principal Place of Business		3. Mailing Address 801 S. RAMPART BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 200	
City & State		City & State LAS VEGAS, NEVADA	
Zip	Country	Zip	Country
89145	USA	89145	USA



08172004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONSOLIDATED RESORTS, INC. 801 S. RAMPART BLVD., STE. 200 LAS VEGAS, NV 89145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kevin Blair* *08/17/04* **KEVIN BLAIR-SECRETARY OF MANAGER** **702-967-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #