

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90075 009 ***138.75

DOCUMENT # M03000004030 1. Entity Name CONSOLIDATED RESORTS TRAVEL, LLC					
Principal Place of Business 250 PILOT RD., STE. 300 LAS VEGAS, NV 89119			Mailing Address 801 S. RAMPART BLVD. SUITE 200 LAS VEGAS, NV 89145		
2. Principal Place of Business - No P.O. Box # 73000 Dean Martin Dr.		3. Mailing Address Suite, Apt. #, etc. Ste. 409			
City & State Las Vegas, NV		City & State Las Vegas, NV		4. FEI Number 88-0431621	
Zip 89139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kevin Blair</u>			Kevin Blair		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>1-16-08</u> Daytime Phone #: <u>702-967-5000</u>		