2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# M04000005029

Entity Name: NEW ORLEANS GHOST TOURS, L.L.C.

Current Principal Place of Business:

1960 US 1 SOUTH, #166
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1960 US 1 SOUTH, #166
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARCKHOFF, AUTUMN
1960 US 1 SOUTH, #166
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

BECKER, DON
1960 US 1 SOUTH, #166
ST. AUGUSTINE, FL 32086 US

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: DON BECKER 03/03/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BECKER, DON
Address: 1960 US 1 SOUTH, #166
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

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

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: DON BECKER PRES 03/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date