

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000003204**

**1. Entity Name**  
**TRAVEL PLAZA LLC**



**Principal Place of Business**  
**1104 COUNTRY HILLS DRIVE**  
**OGDEN, UT 84403**

**Mailing Address**  
**1104 COUNTRY HILLS DRIVE**  
**OGDEN, UT 84403**



04072008No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**90-0005146**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

U00000516065  
04/29/06-80235-012 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                       |                                 |
|-----------------------|---------------------------------|
| <b>TITLE</b>          | <b>MGRM</b>                     |
| <b>NAME</b>           | <b>FLYING J INC.</b>            |
| <b>STREET ADDRESS</b> | <b>1104 COUNTRY HILLS DRIVE</b> |
| <b>CITY-ST-ZIP</b>    | <b>OGDEN, UT 84403</b>          |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |

**DO NOT WRITE  
IN THIS SPACE**

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**BARRE G. BURGON SR VP & SECRETARY of**  
**FLYING J INC. (Member) 04/10/2006 (801) 624-1601**

Date

Daytime Phone #