

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002910

Entity Name: TRINITY VIP TRAVEL, LLC

**FILED**  
**Apr 25, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

920 CEDAR LAKE RD., STE P  
BILOXI, MS 39532

**New Principal Place of Business:**

14946 GREENWELL CIRCLE  
BILOXI, MS 39532

**Current Mailing Address:**

920 CEDAR LAKE RD., STE P  
BILOXI, MS 39532

**New Mailing Address:**

14946 GREENWELL CIRCLE  
BILOXI, MS 39532

FEI Number: 20-3882000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, TONIA  
5331 COMMERCIAL WAY, STE 114  
SPRING HILL, FL 34606 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: JONES, TONIA  
Address: 920 CEDAR LAKE RD., STE P  
City-St-Zip: BILOXI, MS 39532

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JONES, TONIA  
Address: 14946 GREENWELL CIRCLE  
City-St-Zip: BILOXI, MS 39532

I hereby certify that the information supplied with this filing does not qualify 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: TONIA JONES

MGRM

04/25/2007

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