



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M95000000328						
1. Entity Name ADVANTAGE TRAVEL, LC						
Principal Place of Business 1125 U.S. HIGHWAY 98 SOUTH, STE. 200 LAKELAND, FL 33801	Mailing Address 1125 U.S. HIGHWAY 98 SOUTH, STE. 200 LAKELAND, FL 33801	 01162006 No Chg-LLC CR2E083 (11/05) <table border="1"><tr><td>4. FEI Number 59-3290664</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 59-3290664	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
Filing Fee is \$50.00 Due by May 1, 2006		UN00000417723 02/13/06-80067-002 \$5.00				
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ST. JOHN, JOSEPH P 1125 US HWY 98 SOUTH, SUITE 200 LAKELAND, FL 33801					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MAYHUGH, LINDA 1125 U.S. HIGHWAY 98 SOUTH, LAKELAND, FL 33801					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HAASER, HAROLD 1125 U.S. HIGHWAY 98 SOUTH, LAKELAND, FL 33801					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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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>Joseph P. St. John</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>1/27/06 863 686 1400</u> <small>Date Daytime Phone #</small>				