



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904
(401) 222-5000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within ninety (90) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)) is subject to a penalty fee of \$25.00.

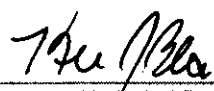
1. Filing Number 000157174		2. Exact name of the limited liability company Destinations Unlimited, LLC			
3. State of Formation Nevada		4. Brief description of the character of the business which is actually conducted in Rhode Island Marketing company			
5. Principal office address 7370 Dean Martin Dr., Ste. 409		City Las Vegas		State Nevada	Zip 89139
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Jennifer Bullard Contact Title: Senior Paralegal					
Street Address 801 S. Rampart Blvd., Ste. 200		City Las Vegas		State Nevada	Zip 89145
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X" BOX FOR ATTACHMENT) ☐					
Manager Name Michael Kaplan		Manager Name Kevin Blair			
Street Address 801 S. Rampart Blvd., Ste. 200		Street Address 801 S. Rampart Blvd., Ste. 200			
City Las Vegas	State Nevada	Zip 89145	City Las Vegas	State Nevada	Zip 89145
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name National Registered Agents, Inc.		Address			
Address 222 Jefferson Blvd., Ste. 200		City Warwick		Zip 02888	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000157174

FILED	
File Date	OCT 26 2007
Check No.	By 059717 KM
By	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Authorized Person
Kevin Blair - Manager
Date
Print or Type Name of Authorized Person