

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000935

FILED
Mar 23, 2009
Secretary of State

Entity Name: SEABOURN CRUISE LINE LIMITED INC.

Current Principal Place of Business:

6100 BLUE LAGOON DRIVE
#400
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

LEGAL DEPT., MLGL 815
3655 N.W. 87 AVENUE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 54-2140635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ARNALDO
3655 N.W. 87 AVENUE
MLGL 815
MIAMI, FL 33178 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONOVER, PAMELA C
Address: 6100 BLUE LAGOON DRIVE, #400
City-St-Zip: MIAMI, FL 33126

Title: CFO () Delete
Name: PINEDO GARCIA, LOURDES
Address: 6100 BLUE LAGOON DRIVE, #400
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: SOUSA, GEORGINA E
Address: 6100 BLUE LAGOON DRIVE, #400
City-St-Zip: MIAMI, FL 33126

Title: VP () Delete
Name: PANAGOS, HELEN
Address: 6100 BLUE LAGOON DRIVE, #400
City-St-Zip: MIAMI, FL 33126

Title: AS () Delete
Name: PEREZ, ARNALDO
Address: 3655 N.W. 87 AVENUE
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: RAPP, LARRY
Address: 6400 BLUE LAGOON DR., #400
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SMITH, LORI J
Address: 14 PAR-LA-VILLE ROAD
City-St-Zip: HAMILTON, BM HM 11 BM

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

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ ARNALDO PEREZ

AS

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date