

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000383

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** FREEPORT CASINO CRUISES, LLC

**Current Principal Place of Business:**

C/O HMD 16100 NE 16 AVE  
SUITE B  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

4744 S OCEAN DR  
TH 6  
HIGHLAND BEACH, FL 33487 US

**Current Mailing Address:**

C/O HMD 16100 NE 16 AVE  
SUITE B  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

C/O HMD 1557 NE 164 STREET  
SUITE 201  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 65-0826132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TEITEL, DANIEL L  
4744 SOUTH OCEAN BLVD  
TH6  
HIGHLAND BEACH, FL 33487 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: TEITEL, DANIEL L  
Address: PO BOX 127  
City-St-Zip: BOCA RATON, FL 33429

**ADDITIONS/CHANGES:**

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 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: DAVID HIXSON

CPA

03/31/2009

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