


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90083 040 ****50.00

DOCUMENT # L00000008165 1. Entity Name CRUISE CONTROL HOLDINGS, L.L.C.	
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Principal Place of Business 960 ALTON ROAD MIAMI BEACH, FL 33139	Mailing Address 1500 SAN REMO AVE #176 CORAL GABLE, FL 33146
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1022497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROTH, JEFFERY C ESQ 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, PHILIP 1425 N. VIEW DRIVE MIAMI BEACH, FL 33139
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/21/05

Date

305-673-9500

Daytime Phone #