


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000011883
 1. Entity Name
PREFERRED CRUISE & TOUR, LLC



Principal Place of Business Mailing Address
526 SOUTHARD STREET **526 SOUTHARD STREET**
KEY WEST, FL 33040 **KEY WEST, FL 33040**



01052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1082476 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCCHESENEY, LAURA
526 SOUTHARD STREET
KEY WEST, FL 33040

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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 _____ DATE _____

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature is required when reappointing)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR MCCHESENEY, LAURA 526 SOUTHARD STREET KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR WILSON, CAROLINE 526 SOUTHARD STREET KEY WEST, FL 33040 |
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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)(c), 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: *Smalley* 1/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #