

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

55.-  
**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000014526**

**1. Entity Name**  
INTERNATIONAL CRUISE LIQUOR & TOBACCO, L.L.C.



**Principal Place of Business**  
11091 N.W. 27TH STREET, SUITE 210  
MIAMI, FL 33172

**Mailing Address**  
11091 N.W. 27TH STREET, SUITE 210  
MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
65-1058146

**Applied For**  
Not Applicable

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

PROBST, CHARLOTTE E  
11091 N.W. 27TH STREET, SUITE 210  
MIAMI, FL 33172

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** P  
**NAME** PATRIZIO, CLERICI  
**STREET ADDRESS** 11091 NW 27ST SUITE 210  
**CITY-ST-ZIP** MIAMI, FL 33172

**TITLE** ST  
**NAME** DE LA CRUZ, ALEX  
**STREET ADDRESS** 11091 NW 27 ST. SUITE 210  
**CITY-ST-ZIP** MIAMI, FL 33172

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

U00000207184  
02/01/05-80036-001 55.00

**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

**Date**

**Daytime Phone #**

1/19/05 305/716-9993