

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014526

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1058146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MAYER, CLAUDIA V  
11091 N.W. 27TH STREET, SUITE 210  
MIAMI, FL 33172 US

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: CLAUDIA MAYER

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: PATRIZIO, CLERICI  
Address: 11091 NW 27ST SUITE 210  
City-St-Zip: MIAMI, FL 33172

Title: ST ( ) Delete  
Name: DE LA CRUZ, ALEX  
Address: 11091 NW 27 ST. SUITE 210  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

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 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: PATRIZIO CLERICI

P

04/30/2007

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