## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #L02000019655

## LUXURY CRUISE HOLDINGS, LLC



## FILED Sep 08, 2003 8:00 am Secretary of State 09-08-2003 90077 027 \*\*\*\*50.00

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CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHASSEE FL 32301-2525  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. 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. It am familiar with, and accept the obligations of registered spin or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered spin or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered spin or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered spin or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered spin or both, in the State of Florida. It am familiar with, and accept the obligations of registered spin or both, in the State of Florida. It am familiar with, and accept the obligations of registered spin or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations					L		5. Certific	ate of Status Desired				
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Street Address (P.O. Box Number is Not Acceptable)	CORF	PORATION SERVICE COM	PANY			Name						
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SIGNATURE Signature, typed or primed name of logistating agent and short applicable. (INOTE Registated Agent signature revisitation)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By September 24, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE OF A MARKET SEE ADDRESS (INY-ST-2P)  #ANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS  CITY-ST-2P  #ANAGERS / MANAGERS  CITY-ST-2P  #ANAGING MEMBERS / MANAGERS  CITY-ST-2P  #ANAGERS / MANAGERS	8. The above	named entity submits this stat	ement for th	e purpose of changing its	registere	ed office or regis	stered agent, or	both, in the State of Flo	orida. I am	familiar with,	, and accept	
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		ertify that the information supp	lied with thi	s filing does not qualify for			Section 119.07	(3)(i) Florida Statutos	I further ce	rtify that the	information	

indicated on this report is true and accourate 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #