2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026602

Name:

Entity Name: CRUISE N CAJUN, L.L.C.

FILED Jun 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

616 LOST KEY DRIVE 13555 SANDY KEY DRIVE

SUITE #1004A 501

PERDIDO KEY, FL 32507 PERDIDO KEY, FL 32507

Current Mailing Address: New Mailing Address:

616 LOST KEY DRIVE 13555 SANDY KEY DRIVE SUITE #1004A 501

PERDIDO KEY, FL 32507 PERDIDO KEY, FL 32507

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

MCMILLAN, EDDIE MCMILLAN, EDDIE 616 LOST KEY DRIVE 13555 SANDY KEY DRIVE

SUITE #1004A 501 PERDIDO KEY, FL 32507 US PERDIDO KEY, FL 32507 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: EDDIE MCMILLAN 06/15/2009

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change () Addition

MCMILLAN, EDDIE MCMILLAN, EDDIE Address: 616 LOST KEY DRIVE, SUITE 1004A Address: 13555 SANDY KEY DRIVE, SUITE 501

City-St-Zip: PERDIDO KEY, FL 32507 City-St-Zip: PERDIDO KEY, FL 32507

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: EDDIE MCMILLAN 06/15/2009