

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90057 021 ****55.00

DOCUMENT # L02000026602

1. Entity Name

CRUISE N CAJUN, L.L.C.



Principal Place of Business

UNIT 302-W
13500 SANDY KEY DRIVE
PENSACOLA FL 32507

Mailing Address

UNIT 302-W
13500 SANDY KEY DRIVE
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

13555 Sandy Key Drive

13555 Sandy Key Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 501

Suite # 501

City & State

City & State

Perdido Key, FL

Perdido Key, FL

Zip

Zip

32507

Country

USA

Zip

32507

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Not Applicable

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, EDDIE
UNIT 302-W
13500 SANDY KEY DRIVE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name: McMillan, Eddie
Street Address (P.O. Box Number is Not Acceptable):
13555 Sandy Key Drive
Suite # 501
City: Perdido Key FL Zip Code: 32507

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMILLAN, EDDIE UNIT 302-W, 13500 SANDY KEY DRIVE PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCMILLAN, EDDIE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. McMillan, Eddie Suite #501, 13555 Sandy Key Dr. Perdido Key, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/25/03

Date

850-452-3289

Daytime Phone #

CR2E083 (4/03)