2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2007
Secretary of State

DOCUMENT# L02000026826

Entity Name: CRUISE-MED, L.L.C.

Current Principal Place of Business:

8641 NW 51ST PLACE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 8461
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 55-0827436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GROSSJUNG, THOMAS
Address: POST OFFICE BOX 8461
City-St-Zip: CORAL SPRINGS, FL 33075

Title: MGRM ( ) Delete
Name: GROSSJUNG, PAMELA
Address: POST OFFICE BOX 8461
City-St-Zip: CORAL SPRINGS, FL 33075

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 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: THOMAS L GROSSJUNG MGR 02/18/2007

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