FILED
May 19, 2004 8:00 am
Secretary of State
04-07-2004 90346 008 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011929

1. Entity Name
KRYSTAL CARIBBEAN TOURS, LLC

Principal Place of Business	Mailing Address
~~221 WEST LONGCREEK COVE~~	221 WEST LONGCREEK COVE
~~LONGWOOD, FL 32750~~	LONGWOOD, FL 32750

57-1159 757

04012004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
405 DOUGLAS AVE	
Suite, Apt. #, etc. SUITE 1555	Suite, Apt. #, etc.
City & State ALTAMONTE SPRINGS FLA	City & State
Zip 32750 Country USA	Zip Country

4. FEI Number 57-1159757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODGES, GEORGE	Name: Gerald P. Bourne
585 SOUTH RONALD REAGAN BLVD., SUITE 121	Street Address (P.O. Box Number is Not Acceptable): 221 West Longcreek Cove
LONGWOOD, FL 32750-5462	City: Longwood FL Zip Code 32750

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] 3/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOODOOSINGH, AINSLEY		NAME	
STREET ADDRESS	221 WEST LONGCREEK COVE		STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOURNE, GERALD P		NAME	
STREET ADDRESS	221 WEST LONGCREEK COVE		STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] GERALD P. BOURNE 3/30/04 407-679-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #