

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011929

Entity Name: KRYSTAL CARIBBEAN TOURS, LLC

FILED
Feb 02, 2005
Secretary of State

Current Principal Place of Business:

405 DOUGLAS AVE
STE 1555
LONGWOOD, FL 32750

Current Mailing Address:

221 WEST LONGCREEK COVE
LONGWOOD, FL 32750

New Principal Place of Business:

405 DOUGLAS AVE
STE 1855-A&B
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

405 DOUGLAS AVE
STE 1855-A&B
ALTAMONTE SPRINGS, FL 32714

FEI Number: 57-1159757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOURNE, GERALD P
221 WEST LONGCREEK COVE
LONGWOOD, FL 32750 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/MEMBERS:

Title: MGRM () Delete
Name: BOODOOSINGH, AINSLEY
Address: 221 WEST LONGCREEK COVE
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: BOURNE, GERALD P
Address: 221 WEST LONGCREEK COVE
City-St-Zip: LONGWOOD, FL 32750

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 Section 119.07(3)(i), 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: GERALD P. BOURNE

MGRM

02/02/2005

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