

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000014254 1. Entity Name CRUISE AMERICA ASSOCIATES, L.L.C.	
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Principal Place of Business 23 ISLA BAHIA FORT LAUDERDALE, FL 33316	Mailing Address 23 ISLA BAHIA FORT LAUDERDALE, FL 33316
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04142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3689599	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DEUSCHLE, BRIAN C ESQ. 800 SE 3RD AVENUE, SUITE 400 FORT LAUDERDALE, FL 33316
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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

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000322216
04/22/05-80004-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBERT, ROBERT L 23 ISLA BAHIA FORT LAUDERDALE, FL 33316
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ROBERT L. LAMBERT** **4-15-05** **954-524-6198**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #