

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 14, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000027504**

**1. Entity Name**  
CRUISE LOGISTICS LLC



**Principal Place of Business**

11013 NW 30TH #100  
MIAMI, FL 33172 US

**Mailing Address**

PO BOX 69207  
SEATTLE, WA 98166



03082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
80-0070038

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

NICHOLSON, NATHAN  
C/O J & N LOGISTICS  
3687 NE 168TH STREET  
N. MIAMI, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

**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**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM  
**NAME** J&N LOGISTICS LLC  
**STREET ADDRESS** 3687 NE 168TH ST.  
**CITY-ST-ZIP** N. MIAMI, FL 33160

**TITLE** MGRM  
**NAME** NW-TRANS LLC  
**STREET ADDRESS** 18850 8TH AVE. S.  
**CITY-ST-ZIP** SEATTLE, WA 98148

**TITLE**  
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**STREET ADDRESS**  
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**CITY-ST-ZIP**

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-03/14/05-80107-014 50.00

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**