

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018621

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOVEREIGN CHRISTIAN CRUISES, L.L.C.

Current Principal Place of Business:

118 WOODLAND CT
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

118 WOODLAND CT
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 06-1720164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: O'FALLON, MICHAEL W MR.
Address: 118 WOODLAND CT
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM () Delete
Name: O'FALLON, SAU F MRS.
Address: 118 WOODLAND CT
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM () Delete
Name: KIANG, CATHY A MISS
Address: 5650 BAYSIDE DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: SAU O'FALLON

MGRM

04/29/2009

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