


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90348 043 ****50.00

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| DOCUMENT # L04000032596 |  |
| 1. Entity Name BANDIT PARTY CRUISES, LLC | |

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| Principal Place of Business 13180 NORTH CLEVELAND AVENUE NORTH FORT MYERS, FL 33903 | Mailing Address 13180 NORTH CLEVELAND AVENUE NORTH FORT MYERS, FL 33903 |
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| 2. Principal Place of Business - No P.O. Box # <i>3351 MARINATOWN LN.</i> | 3. Mailing Address <i>3351 MARINATOWN LN.</i> |
| Suite, Apt. #, etc. <i>SUITE 200</i> | Suite, Apt. #, etc. <i>SUITE 200</i> |
| City & State <i>N. FT. MYERS, FL</i> | City & State <i>N. FT. MYERS, FL</i> |
| Zip <i>33903</i> | Country <i>LEE</i> |

04022007 Chg-LLC CR2E083 (12/06)

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|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GYARMATHY, JAMES P 13180 NORTH CLEVELAND AVENUE NORTH FORT MYERS, FL 33903 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GYARMATHY, JAMES P 13180 NORTH CLEVELAND AVENUE NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GYARMATHY, GARY S 13180 NORTH CLEVELAND AVENUE, SUITE 310 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3351 MARINATOWN LN. SUITE 200 N. FT. MYERS, FL 33903</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *GARY S. GYARMATHY* 4/9/07 239-997-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #