2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# L04000071649

Entity Name: 3 D CRUISING, LLC

Current Principal Place of Business:

803 EASTOVER CIRCLE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

803 EASTOVER CIRCLE
DELAND, FL 32724

New Mailing Address:

FEI Number: 20-1793020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FORD, RICHARD T
803 EASTOVER CIRCLE
DELAND, FL 32724 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: FORD, RICHARD T
Address: 803 EASTOVER CIRCLE
City-St-Zip: DELAND, FL 32724

Title: MGR ( ) Delete
Name: HALL, RICHARD JR
Address: 2230 TROPICAL TERRACE
City-St-Zip: DELAND, FL 32724

Title: MGRM ( ) Delete
Name: BASSO, RICHARD K
Address: PO BOX 1026
City-St-Zip: LAKE HELEN, FL 32744

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 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: RICHARD T. FORD MGR 07/06/2005

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