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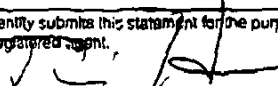
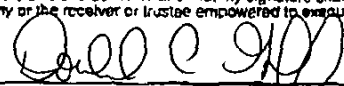
CT CORP

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NATIONAL LEISURE

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90343 014 ****50.00

DOCUMENT # L05000068481			
1. Entity Name CRUISE TRAVEL HOLDINGS, LLC			
Principal Place of Business 3088 N. COMMERCE PARKWAY MIRAMAR, FL 33025		Mailing Address 3088 N. COMMERCE PARKWAY MIRAMAR, FL 33025	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 106 SYLVAN RD STE 600	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Woburn MA	
Zip	Country	Zip 01801	Country USA
4. FEI Number 84-1684465		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STERNBACH, GIL 3088 N. COMMERCE PARKWAY MIRAMAR, FL 33025		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Dine Island Rd. City Plantation FL Zip Code 33324	
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  TRACI HOUCK SPECIAL ASSISTANT SECRETARY Date 4/24/07			
Filing Fee is \$50.00 Due by May 1, 2007			
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORLD TRAVEL HOLDINGS, INC. 445 BROADHOLLOW ROAD, SUITE 420-B MELVILLE, NY 11747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SHEROTA, JEFFREY 3088 N. COMMERCE PARKWAY MIRAMAR, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 808, Florida Statutes. SIGNATURE:  4/25/07 617587-608F SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

40097887



04102007 Chg-LLC CR2E083 (12/06)