

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

02-29-2008 90103 002 ***138.75

DOCUMENT # L07000045499 1. Entity Name CRUISE ENTERPRISES, LLC																																																																																										
Principal Place of Business 106 LEGEND LAKES DRIVE PANAMA CITY BEACH, FL 32411 9527 Front Bch. Rd. Panama City Bch, FL 32417			Mailing Address 106 LEGEND LAKES DRIVE PANAMA CITY BEACH, FL 32411 P.O. Box 9008 Panama City Bch, FL 32417																																																																																							
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																							
City & State 			City & State 																																																																																							
Zip 		Country 		Zip 																																																																																						
Country 		Country 		02132008 Chg-LLC CR2E083 (12/06)																																																																																						
4. FEI Number				☒ Applied For ☐ Not Applicable																																																																																						
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																																																																						
6. Name and Address of Current Registered Agent BONNEY, GARTH D ESQ 404 JENKS AVENUE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																						
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																																																																																										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>MGRM BUTCHIKAS, CAROLYN A</td> <td>106 LEGEND LAKES DRIVE 9527 Front Bch. Rd.</td> <td>PANAMA CITY BEACH, FL 32411 Panama City Bch, FL 32401</td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		MGRM BUTCHIKAS, CAROLYN A	106 LEGEND LAKES DRIVE 9527 Front Bch. Rd.	PANAMA CITY BEACH, FL 32411 Panama City Bch, FL 32401																																					TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition																																			
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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: 2/15/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																										

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