

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096272

FILED
Jan 13, 2010
Secretary of State

Entity Name: CRUISE CENTER OF MIAMI, LLC

Current Principal Place of Business:

17950 NW 68TH AVE.
MIAMI, FL 33015 US

New Principal Place of Business:

1221 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

Current Mailing Address:

17950 NW 68TH AVE.
MIAMI, FL 33015 US

New Mailing Address:

1221 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

FEI Number: 26-1127899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, FERNANDO
1221 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 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: MGRM
Name: LOPEZ, FERNANDO JR
Address: LAFAYETTE #64 COL. ANZURES
City-St-Zip: MEXICO, DISTRITO FEDERAL, FL 11590 MX

Title: MGRM
Name: LOPEZ, FERNANDO
Address: LAFAYETTE #64, COL. ANZURES
City-St-Zip: MEXICO, DISTRITO FEDERAL, -- 11590 MX

Title: MGRM
Name: PORTILLA, BEATRIZ
Address: LAFAYETTE #64, COL. ANZURES
City-St-Zip: MEXICO, DISTRITO FEDERAL, -- 11590 MX

Title: MGRM
Name: PORTILLA, TERESA
Address: LAFAYETTE #64, COL. ANZURES
City-St-Zip: MEXICO, DISTRITO FEDERAL, -- 11590 MX

Title: MGRM
Name: PORTILLA, PAULINA
Address: LAFAYETTE #64, COL. ANZURES
City-St-Zip: MEXICO, DISTRITO FEDERAL, -- 11590 MX

I hereby 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: FERNANDO LOPEZ

MGRM

01/13/2010

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