

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096272

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** CRUISE CENTER OF MIAMI, LLC

**Current Principal Place of Business:**

1221 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1221 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

**New Mailing Address:**

**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

04/12/2011

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