

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102542

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: CRUISE TRAVEL, ETC. LLC

**Current Principal Place of Business:**

12829 HELM DRIVE  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

12829 HELM DRIVE  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 22-3970260      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:**

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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: CAIN, GAIL ANN  
Address: 12829 HELM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S      ( ) Delete  
Name: CAIN, GAIL ANN  
Address: 12829 HELM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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: GAIL A. CAIN

OWNE

06/23/2009

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