2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# L07000127568

Entity Name: EXCLUSIVE GALAPAGOS CRUISES LLC

Current Principal Place of Business:

11300 NW 87 CT. SUITE 150
HIALEAH GARDENS, FL 33018 US

New Principal Place of Business:

4736 GOLDEN GATE PKWY SUITE E
NAPLES, FL 34116 US

Current Mailing Address:

11300 NW 87 CT. SUITE 150
HIALEAH GARDENS, FL 33018 US

New Mailing Address:

4736 GOLDEN GATE PKWY SUITE E
NAPLES, FL 34116 US

FEI Number: 26-3781759 **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:

VILLALOBOS, JORGE
11300 NW 87 CT. SUITE 150
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

VILLALOBOS, JORGE
4736 GOLDEN GATE PKWY SUITE E
NAPLES, FL 34116 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: JORGE VILLALOBOS 05/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VILLALOBOS, JORGE
Address: 11300 NW 87 CT. SUITE 150
City-St-Zip: HIALEAH GARDENS, FL 33018 US

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: VILLALOBOS, JORGE
Address: 4736 GOLDEN GATE PKWY SUITE E
City-St-Zip: NAPLES, FL 34116 US

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: JORGE VILLALOBOS P 05/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date