### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # M03000003996

1. Entity Name

PILGRIM BELLE CRUISES, L.L.C.



Principal Place of Business

Mailing Address

801 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483

1259 OLD SANDWICH ROAD PLYMOUTH, MA 02360

## FILED Mar 23, 2007 8:00 am Secretary of State

03-23-2007 90170 016 \*\*\*\*50.00



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02152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0810460

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REARDON, JOSEPH L 801 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483

# DO NOT WRITE IN THIS SPACE

|      | e above named entity submits this st    | tatement for the purpose of            | of changing its registered office or | registered agent, or both, i   | n the State of Florida. | I am familiar with, and accep | t |
|------|---|--|--------------------------------------|--------------------------------|-------------------------|-------------------------------|---|
| ţř   | e obligations of registered agent.      |  |                                      |                                |                         |                               |   |
| SIGN | ATURE                                   |  |                                      |                                |                         |                               |   |
| O.C. | Signature, typed or printed name of re- | gistered agent and title if applicable | . (NOTE: Registered Agent signatu    | ire required when reinstating) |                         | DATE                          |   |

#### Filing Fee is \$50.00 Due by May 1, 2007

| 9.  | MANAGING MEMBERS/MANAGERS |  |  |  |  |
|---|---------------------------|--|--|--|--|
| TITLE   | MGR                       |  |  |  |  |
| NAME  | REARDON, JOSEPH L         |  |  |  |  |
| STREET ADDRESS  | 1259 OLD SANDWICH RD.     |  |  |  |  |
| CITY-ST-ZIP   | PLYMOUTH, MA 02360        |  |  |  |  |
| TITLE   |                           |  |  |  |  |
| NAME  |                           |  |  |  |  |
| STREET ADDRESS  |                           |  |  |  |  |
| CITY-ST-ZIP   |                           |  |  |  |  |
| TITLE   |                           |  |  |  |  |
| NAME  |                           |  |  |  |  |
| STREET ADDRESS  |                           |  |  |  |  |
| CITY-ST-ZIP   |                           |  |  |  |  |
| TITLE   |                           |  |  |  |  |
| NAME  |                           |  |  |  |  |
| STREET ADDRESS  |                           |  |  |  |  |
| CITY-ST-ZIP   |                           |  |  |  |  |
| TITLE   |                           |  |  |  |  |
| NAME  |                           |  |  |  |  |
| STREET ADDRESS  |                           |  |  |  |  |
| CITY-ST-ZIP   |                           |  |  |  |  |
| TITLE   |                           |  |  |  |  |
| NAME  |                           |  |  |  |  |
| STREET ADDRESS  | $\Lambda$                 |  |  |  |  |
| CITY-ST-ZIP   | //                        |  |  |  |  |
| 11. I hereby certify that the information supplied with this cling does not qualify for the |                           |  |  |  |  |

# DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/24/07

56/245-086

Daytime Phon