

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90138 047 ***138.75

DOCUMENT # M03000003996

1. Entity Name
PILGRIM BELLE CRUISES, L.L.C.



Principal Place of Business
801 EAST ATLANTIC AVENUE
DELRAY BEACH, FL 33483

Mailing Address
1259 OLD SANDWICH ROAD
PLYMOUTH, MA 02360

60007306



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
REARDON, JOSEPH L
1259 OLD SANDWICH RD.
PLYMOUTH, MA 02360

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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STREET ADDRESS
CITY - ST - ZIP

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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

Date

Daytime Phone #

2/1/08