2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# M04000002225

Entity Name: CRUISE HOLDINGS I, LLC

Current Principal Place of Business:

6171 MCLEOD DRIVE
LAS VEGAS, NV 89120

New Principal Place of Business:

6280 ANNIE OAKLEY DRIVE
LAS VEGAS, NV 89120

Current Mailing Address:

6171 MCLEOD DRIVE
LAS VEGAS, NV 89120

New Mailing Address:

6280 ANNIE OAKLEY DRIVE
LAS VEGAS, NV 89120

FEI Number: 20-1164878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR ( ) Delete
Name: FINLEY, JOHN P
Address: 6171 MCLEOD DRIVE
City-St-Zip: LAS VEGAS, NV 89120

Title: MGR ( ) Delete
Name: CLEARY, PETER D
Address: 6171 MCLEOD DRIVE
City-St-Zip: LAS VEGAS, NV 89120

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FINLEY, JOHAN P
Address: 6280 ANNIE OAKLEY DRIVE
City-St-Zip: LAS VEGAS, NV 89120

Title: MGR (X) Change ( ) Addition
Name: CLEARY, PETER D
Address: 6280 ANNIE OAKLEY DRIVE
City-St-Zip: LAS VEGAS, NV 89120

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDIA K. CORMIER, ASST SECRETARY ASST 04/06/2005

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