2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

					i	Secreta	11 V U		alt
DOCUMENT # M0400002226 1. Entity Name CRUISE HOLDINGS II, LLC					·	05-01-2006	•		
,	ce of Business E OAKLEY DRIVE NV 89120	Mailing Address 6280 ANNIE OAKLEY DE LAS VEGAS, NV 89120	RIVE		h i nnedd ie lie				
2. Principal Place of Business One East Eleventh Street		3. Mailing Address							
Suite, Apt. #, etc.		One East Eleventh Street Suite, Aot. #, etc.		= t					
Suite 500		Suite 500			04122006	Chg-LLC	CR2E08:	3 (11/05)	
City & State		City & State			4. FEI Numbe	er .		Ap	oplied For
Riviera Beach, Florida		Riviera Beach, Florida			20-1164941 Not Applicable				
, Zìp	Country U.S.A.	Zip 33404	Country U.S	5.A.	5. Certificate	of Status Desired		5.00 Add se Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered Ag	jent	
CTCOPE	Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street A	Address (P.	.O. Box Numbe	er is Not Acceptabl	e)		
	1011,112 00024							•	
			City				FL	Zip Cod	e
8. The above	a named entity submits this statement for	egistered office of	or registere	d agent, or bot	h, in the State of FI		I miliar with.	and accept	
the obligat	tions of registered agent.			•	<u> </u>				
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ture required w	rhen reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Γ.				
Fi D	iling Fee is \$50.00 ue by May 1, 2006						ke check pay a Departmer		0
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.			Florid	a Departmer		9
D	ue by May 1, 2006	RS/MANAGERS	10. TITLE	MGRM			a Departmer		e Addition
9. TITLE NAME	MANAGING MEMBER MGR FINLEY, JOHAN P		+	MGRM Palm	Beach E	ADDITIONS mpress, I	A Departmen	nt of State	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR FINLEY, JOHAN P 6280 ANNIE OAKLEY DRIVE		TITLE NAME STREET ADORESS	Palm One 8	East Ele	ADDITIONS mpress, Ii	A Departmen	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR FINLEY, JOHAN P 6280 ANNIE OAKLEY DRIVE LAS VEGAS, NV 89120	XI Delete	TITLE NAME	Palm One 8	East Ele	ADDITIONS mpress, I	A Departmen	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR FINLEY, JOHAN P 6280 ANNIE OAKLEY DRIVE LAS VEGAS, NV 89120 MGR		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Palm One 8	East Ele	ADDITIONS mpress, Ii	/CHANGES Inc. eet, Suita 33404	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR FINLEY, JOHAN P 6280 ANNIE OAKLEY DRIVE LAS VEGAS, NV 89120 MGR CLEARY, PETER D	XI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Palm One 8	East Ele	ADDITIONS mpress, Ii	/CHANGES Inc. eet, Suita 33404	t of State Change ite 50	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR FINLEY, JOHAN P 6280 ANNIE OAKLEY DRIVE LAS VEGAS, NV 89120 MGR	XI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Palm One 8	East Ele	ADDITIONS mpress, Ii	/CHANGES Inc. eet, Suita 33404	t of State Change ite 50	Addition
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11. Thereby 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGER, OR ANTHORSE OR REPRESENTATIVE Date Daylors Prove 1