

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90348 025 \*\*\*150.00

**DOCUMENT # M97000000416**

1. Entity Name  
**CRUISES ONLY, LLC**



Principal Place of Business  
**1011 EAST COLONIAL DRIVE  
ORLANDO, FL 32803**

Mailing Address  
**1011 EAST COLONIAL DRIVE  
ORLANDO, FL 32803**

2. Principal Place of Business

3. Mailing Address

**100 SYLVAN ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 600**

City & State

City & State

**WOBBURN MA**

Zip

Country

Zip

Country

**01801**

**MIDDLESEX**

02192004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**59-3456162**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BLOODWORTH, JOHN M  
220 CONGRESS PARK DRIVE  
DELRAY BEACH, FL 33445** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
GOWELL, AARON  
100 SYLVAN ROAD, SUITE 600  
WOBBURN MA 01801** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
GEARTNER, BRADLEY  
100 SYLVAN ROAD, SUITE 600  
WOBBURN MA 01801** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SPORN, STEPHEN  
100 SYLVAN ROAD, SUITE 600  
WOBBURN MA 01801** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/29/04**

**617-587-6720**