

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001536

FILED
May 03, 2004
Secretary of State

Entity Name: COSTA CRUISE LINES N.V. L.L.C.

Current Principal Place of Business:

200 SOUTH PARK ROAD, STE. 200
HOLLYWOOD, FL 330218541

New Principal Place of Business:

Current Mailing Address:

200 SOUTH PARK ROAD, STE. 200
HOLLYWOOD, FL 330218541

New Mailing Address:

FEI Number: 65-0221239

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: FOSCHI, PIER LUIGI
Address: VIA XII OTTOBRE, 2
City-St-Zip: 16121 GENOA, ITALY, IT IT

Title: MGR () Delete
Name: GIANOGLIO, GIUSEPPE
Address: VIA XII OTTOBRE, 2
City-St-Zip: 16121 GENOA, ITALY, IT IT

Title: MGR (X) Delete
Name: PELLICARI, FRANCO
Address: VIA XII OTTOBRE, 2
City-St-Zip: 16121 GENOA, ITALY, IT IT

Title: MGR () Delete
Name: SCHIBUOLA, UBALDO
Address: 200 SOUTH PARK ROAD, STE. 200
City-St-Zip: HOLLYWOOD, FL 330218541 US

Title: MGR () Delete
Name: CURACAO CORPORATION, COMPANY N.V.
Address: DE RUITERKADE 62, P.O. BOX 812
City-St-Zip: CURACAO NETHERLANDS ANTILLES,

Title: MGR () Delete
Name: MALTESE, BENIAMINO
Address: VIA XII OTTOBRE, 2
City-St-Zip: 16121 GENOA, ITALY, IT IT

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: UBALDO SCHIBUOLA

MGR

05/03/2004

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