2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# M99000001536

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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	( ) 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:	MGR	(X) Change ( ) Addition
Name:	ONORATO, GIOVANNI	
Address:	VIA XII OTTOBRE, 2	
City-St-Zip:	16121 GENOA, ITALY, IT IT	
Title:	MGR	(X) Change ( ) Addition
Name:	TORRENT, LYNN	
Address:	200 SOUTH PARK ROAD, STE. 200	
City-St-Zip:	HOLLYWOOD, FL 330218541 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: BENIAMINO MALTESE MGR 05/31/2005

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