2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001536

VIA XII OTTOBRE, 2

16121 GENOA, ITALY, IT IT

Address: City-St-Zip:

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

FILED Jan 09, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
	H PARK ROAL DOD, FL 3302						
Current M	lailing Addres	s:	New Mai	New Mailing Address:			
	H PARK ROAI DOD, FL 3302						
FEI Number:	: 65-0221239	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Des	ired ()	
Name and	Address of C	urrent Registered Agent:	Name an	d Address o	of New Registered Agent	t:	
1200 SOU PLANTATI	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD US	a numaca of shanging	its registere	d office or registered agen	ot or bot	
	e named entity s e of Florida.	submits this statement for the	e purpose of changing	its registere	a office or registered ager	it, or bot	
SIGNATU	RE:						
	Electror	ic Signature of Registered A	gent		Date		
MANAGING	MEMBERS/MANA	GERS:	ADDITIONS	ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGR () FOSCHI, PIER VIA XII OTTOBI 16121 GENOA,	RE, 2	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	MGR () ONORATO, GIO VIA XII OTTOBI 16121 GENOA,	RE, 2	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	TORRENT, LYN 200 SOUTH PA	Delete IN RK ROAD, STE. 200 FL 330218541 US	Title: Name: Address: City-St-Zip:		(X) Change () Addition MAURICE PARK ROAD, STE. 200 DD, FL 330218541 US		
Title: Name: Address: City-St-Zip:	CURACAO COF DE RUITERKAI	Delete RPORATION, COMPANY N.V. DE 62, P.O. BOX 812 HERLANDS ANTILLES,	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name:	MGR ()	Delete JIAMINO	Title: Name		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: JAMES CALARCO MGR 01/09/2009