

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 05, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000014728****1. Entity Name**
ABSOLUTE DREAM LIMOUSINES, LLC

Principal Place of Business 1730 LAKEVIEW VILLAGE DR. BRANDON 33510	Mailing Address 1730 LAKEVIEW VILLAGE DR. BRANDON 33510
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2. Principal Place of Business 303 W WHEELER RD	3. Mailing Address 303 W WHEELER RD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SEFFNER FL	City & State SEFFNER FL
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Zip 33584	Country	Zip 33584	Country
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4. FEI Number 59-3682224	Applied For <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CREWS JAMES 1445 BRIDGESTONE AVE. BRANDON 33511 FL US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE JAMES CREWS <small>Signature, typed or printed name of registered agent and title if applicable.</small>	07/05/2001 <small>DATE</small>
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Willie W. Conley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Pres <small>Date</small>	07/05/2001 <small>Daytime Phone #</small>
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CR2E083 (11/00)