


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015492 1. Entity Name AMERICAN LIMOUSINE, LLC	
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Principal Place of Business 3474 NORTH UNIVERSITY DRIVE, #233 SUNRISE, FL 33351	Mailing Address 3474 NORTH UNIVERSITY DRIVE, #233 SUNRISE, FL 33351
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02022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1138286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CALERO, ANDRES 3474 NORTH UNIVERSITY DRIVE, #233 SUNRISE, FL 33351
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**DO NOT WRITE
IN THIS SPACE**

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 reappointing) **DATE** _____

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

U00000054655
02/17/04-80005-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALERO, ANDRES 3474 NORTH UNIVERSITY DRIVE, #233 SUNRISE, FL 33351
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IN THIS SPACE**

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  **Andres Calero, Member** 2/15/04 954-769-4061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #