


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000016197
 1. Entity Name
AMERICAN CORPORATE LIMOUSINE, LLC



Principal Place of Business 109 COMMERCE STREET SUITE 1101 LAKE MARY, FL 32746	Mailing Address 109 COMMERCE STREET SUITE 1101 LAKE MARY, FL 32746
---	---



04272008 No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0589087	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
RUSSO DELLO, ROBERT G
 109 COMMERCE STE
 LAKE MARY, FL 32746

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2006

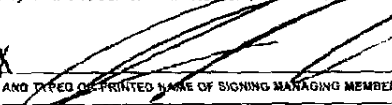
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELLO RUSSO, ROBERT G 109 COMMERCE STREET #1101 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTON, HOWARD C 3551 WEST 1ST STREET SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000547306
 05/12/06-80018-025 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X  4/28/06 407-333-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #