


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90354 045 \*\*\*\*50.00

**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**

2. Principal Place of Business - No P.O. Box #  
**531 Codisco Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**531 Codisco Way**  
 Suite, Apt. #, etc.

City & State  
**Sanford, FL**

City & State  
**Sanford, FL**

Zip  
**32771** Country  
**USA**

Zip  
**32771** Country  
**USA**

40055000



04292007 Chg-LLC CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**

**RUSSO DELLO, ROBERT G  
 109 COMMERCE STE  
 LAKE MARY, FL 32746**

**7. Name and Address of New Registered Agent**

Name  
**Robert G. Dello Russo**

Street Address (P.O. Box Number is Not Acceptable)  
**531 Codisco Way**

City  
**Sanford** **FL** Zip Code  
**32771**

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]* DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELLO RUSSO, ROBERT G 109 COMMERCE STREET #1101 LAKE MARY, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTON, HOWARD C 3551 WEST 1ST STREET SANFORD, FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_