


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90218 039 \*\*\*\*\*55.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> L01000019817                        |  |
| <b>1. Entity Name</b><br>PRESTIGE SUV LIMOUSINES, LLC |   |

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| <b>Principal Place of Business</b><br>1717 N. BAYSHORE DRIVE<br>#PA 4251<br>MIAMI FL 33132-114 | <b>Mailing Address</b><br>1717 N. BAYSHORE DRIVE<br>#PA 4251<br>MIAMI FL 33132-114 |
|--|--|

|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br>1717 N. Bayshore Drive<br>Suite, Apt. #, etc. Suite #16<br>City & State MEADE, FL<br>Zip 33132 Country USA | <b>3. Mailing Address</b><br>1717 N. Bayshore Drive<br>Suite, Apt. #, etc. Suite #16<br>City & State MIAMI, FL<br>Zip 33132 Country USA |
|---|---|



MOORE CR2E083 (11/03)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>03-0416808   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b><br><input checked="" type="checkbox"/> \$5.00 Additional Fee Required  |   |
| <b>6. Name and Address of Current Registered Agent</b><br>NORRIS, BRAJAH Q<br>1717 N. BAYSHORE DRIVE #PA 4251<br>MIAMI FL 33132  |   |
| <b>7. Name and Address of New Registered Agent</b><br>Name BRADON NORRIS<br>Street Address (P.O. Box Number is Not Acceptable) 1717 N. Bayshore Drive, Suite #16<br>City MEADE FL Zip Code 33132 |   |

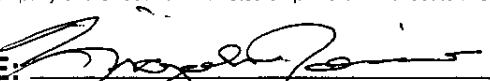
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  3/30/04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRP<br>NORRIS, BRAJAH<br>1717 N. BAYSHORE DRIVE #PA 4251<br>MIAMI FL 33132 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1717 N. Bayshore Drive, Suite #16<br>MEADE, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SWAIN, JAMAL<br>1717 N. BAYSHORE DRIVE #PA 4251<br>MIAMI FL 33132 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1717 N. Bayshore Drive, Suite #16<br>MEADE, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | - <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | - <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | - <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | - <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  3/30/04 (305) 762-6467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #