


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90027 004 \*\*\*\*55.00

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

|   |   |
|---|---|
| Principal Place of Business<br><b>1717 N. BAYSHORE DRIVE STE 16<br/>MIAMI, FL 33132-114</b> | Mailing Address<br><b>1717 N. BAYSHORE DRIVE STE 16<br/>MIAMI, FL 33132-114</b> |
|---|---|

**20049847**



|                                |         |  |            |
|--------------------------------|---------|--|------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>P.O. Box 381315</b> |            |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                          |            |
| City & State                   |         | City & State<br><b>MIAMI, FL</b>             |            |
| Zip                            | Country | Zip  | Country    |
| <b>33238</b>                   |         | <b>33238</b>                                 | <b>USA</b> |

04192005 Chg-LLC CR2E083 (10/03)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>03-0416808</b>                                   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent                               |  | 7. Name and Address of New Registered Agent        |          |
| <b>NORRIS, BRAJAH Q<br/>1717 N. BAYSHORE DRIVE STE 16<br/>MIAMI, FL 33132</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | Zip Code |

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 **BRAJAH NORRIS, President** **4/20/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

| 9. MANAGING MEMBERS/MANAGERS                   |  |                                 | 10. ADDITIONS/CHANGES                          |  |   |
|--|--|---------------------------------|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRP<br/>NORRIS, BRAJAH<br/>1717 N. BAYSHORE DRIVE STE 16<br/>MIAMI, FL 33132</b> | <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 | <b>MGR<br/>SWAIN, JAMAL<br/>1717 N. BAYSHORE DRIVE STE 16<br/>MIAMI, FL 33132</b>    | <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 |
| 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:** **Brajah Norris**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**April 20, 2005** **(305) 762-6667**  
Date Daytime Phone #