

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90029 032 \*\*\*\*50.00

**DOCUMENT # L02000009033**

1. Entity Name

**EXOTIC CARS OF SOUTH FLORIDA, L.L.C.**



Principal Place of Business

**1624 EAST SUNRISE BLVD.  
FT LAUDERDALE FL 33304**

Mailing Address

**1624 EAST SUNRISE BLVD.  
FT LAUDERDALE FL 33304**

33010400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**46-0478986**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RISTANO, DAVID C ESQ.  
C/O AKERMAN, SENTERFITT & EIDSON, P.A.  
350 LAS OLAS BLVD., STE. 1600  
FT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGING PARTNER  
SAM ANTHONY  
1600 E. SUNRISE BLVD  
FT. LAUDERDALE, FL 33304**

☐ Delete

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NATALIE ANTHONY  
2 ALLEGHENY CO. AIRPORT  
WEST MIFFLIN, PA 15122**

☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: [Signature] REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/21/03**

CR2E083 (10/02)