

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011494

FILED
Mar 17, 2004
Secretary of State

Entity Name: GO AUTO RENTAL ENTERPRISES LLC.

Current Principal Place of Business:

11777 ISLAND LAKE LN.
BOCA RATON, FL 33498

New Principal Place of Business:

2190 NW 33 AVE
MIAMI, FL 33142 US

Current Mailing Address:

11777 ISLAND LAKE LN.
BOCA RATON, FL 33498

New Mailing Address:

2190 NW 33 AVE
MIAMI, FL 33142 US

FEI Number: 01-0695090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUYGHUES-DESPOINTES, BENOIT
11777 ISLAND LAKE LN.
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

GUIRALT, CHRISTIAN
2190 NW 33 AVE
MIAMI, FL 33142 US

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.

SIGNATURE: GUIRALT CHRISTIAN

03/17/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HUYGHUES-DESPOINTE, BENOIT
Address: 11777 ISLAND LAKE LN.
City-St-Zip: BOCA RATON, FL 33498

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUIRALT, CHRISTIAN
Address: 2190 NW 33 AVE
City-St-Zip: MIAMI, FL 33142 US

Title: MGR () Change (X) Addition
Name: MARIE, PATRICK
Address: 2190 NW 32 AVE
City-St-Zip: MIAMI, FL 33142 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GUIRALT CHRISTIAN

MGRM

03/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date