

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012062

FILED
Apr 24, 2007
Secretary of State

Entity Name: GO AUTO RENTAL MIA LLC.

Current Principal Place of Business:

12490 APOKA VINELAND ROAD
ORLANDO, FL 32836 US

New Principal Place of Business:

Current Mailing Address:

2190 NW 33 AVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 01-0695073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIE, PATRICK
2190 NW 33 AVE
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR () Delete
Name: SIBLESZ, ALBERTO
Address: 2190 NW 33 AVE
City-St-Zip: MIAMI, FL 33142 US

Title: MGR () Delete
Name: REGER-RAIA, YASMINE
Address: 2190 NW 33 AVE
City-St-Zip: MIAMI, FL 33142 US

Title: MGR () Delete
Name: MARIE, PATRICK
Address: 2190 NW 33 AVE
City-St-Zip: MIAMI, FL 33142 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTIAN GUIRALT

MGRM

04/24/2007

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