



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90351 048 \*\*\*\*50.00

<b>DOCUMENT # L02000015042</b> 1. Entity Name <b>APOLLO LIMOSINE &amp; AIRPORT SERVICES, L.L.C.</b>					
Principal Place of Business 2209 SO. 25TH STREET FORT PIERCE, FL 34947			Mailing Address 2209 SO. 25TH STREET FORT PIERCE, FL 34947		
2. Principal Place of Business <b>728 AVE D</b> Suite, Apt. #, etc.		3. Mailing Address <b>728 AVE D</b> Suite, Apt. #, etc.			
City & State <b>FT. PIERCE FL</b>		City & State <b>FT. PIERCE</b>		4. FEI Number <b>02-0632067</b>	
Zip <b>34950</b>		Country <b>ST. LUCIE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>34950</b>		Country <b>ST. LUCIE</b>		02212006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>LEE, SOLOMON</b> <b>1811 AVE. O.</b> <b>FORT PIERCE, FL 34950</b>				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, SOLOMON 1811 AVE O FORT PIERCE, FL 34950	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 3924 FT. PIERCE, FL 34948	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 3924 FT. PIERCE, FL 34948	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 3924 FT. PIERCE, FL 34948	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <b>3-10-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					