

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017556

1. Entity Name  
LAS OLAS EXOTIC CARS, L.L.C.



Principal Place of Business  
524 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33316

Mailing Address  
P.O. BOX 2371  
FT LAUDERDALE, FL 33303

**FILED**

04 MAY -6 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
51-0416155

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WOLF, BARBARA L ESQ  
2425 E COMMERCIAL BLVD., SUITE 307  
FORT LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 8, 2004**

700035725867  
05/06/04--01076--005 \*\*150.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAMMER, STEPHEN  
7200 RADICE CT #602  
LAUDERHILL, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

STEPHEN HAMMER 5/05/04 954 547-2686