07/12/2004 12:00 5629238324

**FILED**
**Jul 23, 2004 8:00 am**
**Secretary of State**
07-23-2004 90068 033 ****50.00

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021584

1. Entity Name
BRAZILIAN - AABOVE LIMOUSINES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 804 UNIVERSITY BLVD.<br>JUPITER, FL 33458 US | 804 UNIVERSITY BLVD.<br>JUPITER, FL 33458 US |

14020001

07082004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~NOWICKI, MARK J~~
~~14455 U.S. HIGHWAY ONE, SUITE 210~~
~~JUNO BEACH, FL 33408~~
RON TABIBIAN
804 UNIVERSITY BLVD, JUPITER, FL 33458

**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] DATE: 7/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | TABIBIAN, RON |
| STREET ADDRESS | ~~542 KINGFISHER DRIVE~~ 804 UNIVERSITY BLVD |
| CITY-ST-ZIP | JUPITER, FL 33458 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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] 7/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #