

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033224

FILED
Jan 05, 2006
Secretary of State

Entity Name: CHARLES LIMOUSINE SERVICE, LLC

Current Principal Place of Business:

13625 EAGLE RIDGE DR., SUITE 317
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

13625 EAGLE RIDGE DR., SUITE 317
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 04-3820874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, CHARLES
13625 EAGLE RIDGE DR., SUITE 317
FORT MYERS, FL 33912 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: MR. () Delete
Name: HARVEY, CHARLES E PRES
Address: 13625 EAGLE RIDGE DR., SUITE 317
City-St-Zip: FORT MYERS, FL 33912 US

Title: MS () Delete
Name: MURRAY, NANCY J CFO
Address: 53574 MAGNOLIA DRIVE
City-St-Zip: CHESTERFIELD, MI 48051 US

Title: MS () Delete
Name: JOYCE, SYDNEY VP
Address: 13625 EAGLE RIDGE DRIVE SUITE 318
City-St-Zip: FORT MYERS, FL 33912

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES HARVEY

PRES

01/05/2006

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