


**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90036 028 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L03000050781**

1. Entity Name  
**R & R LIMOUSINE, L.L.C.**



Principal Place of Business  
**3052 SW 27 AVE #101  
 MIAMI, FL 33133**

Mailing Address  
**3052 SW 27 AVE #101  
 MIAMI, FL 33133**

**30009726**



2. Principal Place of Business  
**2200 South Dixie Hwy  
 Suite, Apt. #, etc.  
 Suite 705**

3. Mailing Address  
**2200 South Dixie Hwy  
 Suite, Apt. #, etc.  
 Suite 705**

04182005 Chg-LLC CR2E083 (10/03)

City & State  
**Coconut Grove, FL**

City & State  
**Coconut Grove, FL**

Zip  
**33133**

Country  
**Dade**

FEI Number  
**20-2995737**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**QUESADA, G. FRANK ESQ  
 1313 PONCE DE LEON BLVD, STE 200  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name  
**Renzo Renzi**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2200 S. Dixie Hwy # 705**  
 City  
**Miami** FL Zip Code  
**33133**

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 **Renzo Renzi** DATE **4/15/05**  
Signature typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENZI, RENZO 3052 SW 27 AVE #101 MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renzi, Renzo 2200 South Dixie Hwy, Suite 705 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Renzo Renzi** DATE **4/15/05** DAYTIME PHONE **305-858-2286**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE