2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
04-28-2005 90038 001 ****55.00

DOCUMENT # L04000024650

1. Entity Name
21ST CENTURY CAR LLC

Principal Place of Business	Mailing Address
5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055	5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055

2. Principal Place of Business	3. Mailing Address
1321. N. Federal Hwy	Same
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Hollywood FL.	City & State
Zip: 33020 Country: Broward	Zip Country

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0948839 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Dr Jozsef L. Kiss Street Address (P.O. Box Number is Not Acceptable) 1321. N. Federal. Hwy City: Hollywood FL Zip Code: 33020

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 _____ 05/23/05
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BASCO, JOZEF 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DR. JOZSEF L. KISS 1321. N. Federal. Hwy HOLLYWOOD FL. 33020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EROS, JÁNOS 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIMONYI, AKOS DR. 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SVAB, PETER DR. 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ representative 04/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #