

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:31

DOCUMENT # L04000057828 1. Entity Name PRECISION LIMOUSINE SERVICE, LLC					
Principal Place of Business 4101 LINDY CIRCLE 20 ORLANDO, FL 32827			Mailing Address 4101 LINDY CIRCLE 20 ORLANDO, FL 32827		
2. Principal Place of Business 9675 Tradeport Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 621555 Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		10062006 Chg-LLC CR2E083 (11/05)	
Zip 32827		Country ORANGE		4. FEI Number 20-1411632	
Zip 32862		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, ALAN J 4101 LINDY CIRCLE 20 ORLANDO, FL 32827				7. Name and Address of New Registered Agent Name: ALAN J Schneider Street Address (P.O. Box Number is Not Acceptable): 9675 Tradeport Drive City: Orlando FL Zip: 32827	
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: 10/11/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNEIDER, ALAN J 5438 TILDENS GROVE BLVD. WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALAN J Schneider 9675 Tradeport Drive ORLANDO, FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOY, EDWARD J 3597 NIMROD STREET SEAFORD, NY 11783	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Moy, Edward J 9675 Tradeport Drive Orlando, FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SORCI, RON 20251 NE 15TH COURT NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5010870222006 10/17/06-01009-017 ***50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, NEIL 20251 NE 15TH COURT NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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:			MGRM 10/11/06 4078882908		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		