


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

01-29-2007 90140 005 ****50.00

DOCUMENT # L06000055169	
1. Entity Name PAIR-A-DICE LIMOS, LLC	

Principal Place of Business 2400 E COMMERCIAL BLVD STE 511 FT LAUDERDALE, FL 33308	Mailing Address 2400 E COMMERCIAL BLVD STE 511 FT LAUDERDALE, FL 33308
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30004572



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8791828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

J LARSEN & ASSOCIATES, P.C.
 2400 E COMMERCIAL BLVD STE 511
 FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEEK, JEFFERY W 1149 E SEMINOLE DR FT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSMEYER, BRUCE O 2871 N FEDERAL HWY FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMP, BUTCH 2400 E COMMERCIAL BLVD STE 511 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

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
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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:  Date: **1-16-07** Daytime Phone # _____

ATTACHMENT

38064572

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Internal Revenue Service

The
Digital
Daily

DEPARTMENT OF THE TREASURY

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-8791828

Today's Date is: April 06, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-8791828 OMB No. 1545-0003												
1* Legal name of entity (or individual) for whom the EIN is being requested <u>PAIR A DICE LIMOS LLC</u>														
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name												
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>2400 E COMMERCIAL BLVD STE 511</u>		5a Street address (if different) (Do not enter a P.O. box)												
4b* City, state, and ZIP code <u>FORT LAUDERDALE FL 33308 -</u>		5b City, state, and ZIP code												
6* County and state where principal business is located County <u>BROWARD</u> State <u>FL</u>														
7a* Name of principal officer, general partner, grantor, owner, or trustor <u>JEFFERY CHEEK</u>		7b* SSN, ITIN, EIN <u>493-72-5207</u>												
8a* Type of entity (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ 1065 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶ </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ 1065 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises								
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country												
9* Reason for applying (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>LIMO SERVICE</u> <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>LIMO SERVICE</u> <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶										
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10* Date business started or acquired (month, day, year) <u>JAN 1 2007</u>		11* Closing month of accounting year <u>DEC</u>												
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶														
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>														
		Agriculture <u>0</u>												
		Household <u>0</u>												
		Other <u>0</u>												
14* Check box that best describes the principal activity of your business <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Construction</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Health care & social assistance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Transportation & warehousing</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Other (specify) <u>LIMO SERVICE</u></td> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"><input type="checkbox"/> Retail</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> <td style="border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> <td style="border: none;"><input type="checkbox"/> Wholesale-other</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Real estate	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input checked="" type="checkbox"/> Other (specify) <u>LIMO SERVICE</u>	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>LIMO SERVICE</u>														
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>														
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶														
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN														
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form														
Third Party Designee	Designee's name Address and ZIP code	Designee's telephone number (include area code) () - Designee's fax number (include area code) () -												
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)												

ATTACHMENT
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▶ Signature ▶ Not Required	Date ▶ April 06, 2007 GMT	(954) 267 - 1965 Applicant's tax number (include area code) (954) 489 - 2434
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