

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000096286

FILED
Aug 11, 2007
Secretary of State**Entity Name:** HURRICANE CHAUFFEUR NEW WEST COAST CHAUFFER LLC**Current Principal Place of Business:**20041 GULF BLVD
5
INDIAN SHORES, FL 33785 US**New Principal Place of Business:**13575 58TH STREET NORTH
200
LARGO, FL 33760 US**Current Mailing Address:**20041 GULF BLVD
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INDIAN SHORES, FL 33785 US**New Mailing Address:**13575 58TH STREET NORTH
200
LARGO, FL 33760 US**FEI Number:** 20-5757591**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILCOX, BROOK M
20041 GULF BLVD
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INDIAN SHORES, FL 33785 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: MGR () Delete
Name: CONLEY, PAUL R
Address: 20041 GULF BLVD APT 5
City-St-Zip: INDIAN SHORES, FL 33785 USTitle: MGR () Delete
Name: WILCOX, BROOK M
Address: 20041 GULF BLVD APT 5
City-St-Zip: INDIAN SHORES, FL 33785 US**ADDITIONS/CHANGES:**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 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: BROOK M WILCOX

MGR

08/11/2007

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