

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096687

FILED  
Apr 03, 2007  
Secretary of State

**Entity Name:** HOLLYWOOD LIMOUSINE OF BREVARD, LLC

**Current Principal Place of Business:**

595 JACKSON STREET  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

595 JACKSON STREET  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 20-5653845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMY B. VAN FOSSEN, P.A.  
476 HIGHWAY A1A  
3A  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

REIFERT, WENDY B PRESIDE  
595 JACKSON  
SATELLITE BEACH, FL 32937 US

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: WENDY REIFERT

04/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REIFERT, WENDY  
Address: 595 JACKSON STREET  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR ( ) Delete  
Name: REIFERT, GARY  
Address: 595 JACKSON STREET  
City-St-Zip: SATELLITE BEACH, FL 32937

**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 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: WENDY REIFERT

PRES

04/03/2007

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