


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90031 033 ****55.00

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| DOCUMENT # L06000107923 | | | |  | |
| 1. Entity Name TICO TAXI LLC | | | | | |
| Principal Place of Business 27 RENN LANE PALM COAST, FL 32137 <i>change to 32164</i> | | | Mailing Address 27 RENN LANE PALM COAST, FL 32137 <i>change to 32164</i> | | |
| 2. Principal Place of Business - No P.O. Box # 27 RENN LN | | 3. Mailing Address 27 RENN LN | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PALM COAST FL | | City & State PALM COAST FL | | 4. FEI Number (06-1808402) no employees | |
| Zip 32164 | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRENES, ALVARO A 27 RENN LANE PALM COAST, FL 32137 <i>change to 32164</i> | | | 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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRENES, ALVARO A 27 RENN LANE PALM COAST, FL 32137 <i>change to 32164</i> | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Alvaro A Brena</i> | | | | 414-071-3869 / 386913 8003 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |