


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT <i>Reinstatement</i> 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000001285
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AAA FLORIDA CAR RENTAL, LLC
280 WEST PROSPECT ROAD
OAKLAND PARK FL 33334

2. Principal Place of Business <i>312 State Rd 84</i>	2a. Mailing Address <i>312 State Rd 84</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Fl. Land, Fl. Fl.</i>	City & State <i>Fl. Land, Fl.</i>
Zip <i>33315</i>	Country <i>Broward</i>
Zip <i>33315</i>	Country <i>Broward</i>

7. Name and Address of Current Registered Agent
LIPSON, STUART A 13899 BISCAYNE BLVD., SUITE 404 MIAMI FL 33181

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by affirmative vote of a majority of the members, I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____	DATE <i>12/28/99</i>
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	CELESTE, CARL R	C/O 425 BROAD HOLLOW ROAD,	MELVILLE NY
MEM	FARMAN, NOEL <i>Please Delete</i>	280 WEST PROSPECT ROAD	OAKLAND PARK FL
MEM	BURRUANO, JEFFREY S	280 WEST PROSPECT ROAD	OAKLAND PARK FL

REINSTATEMENT *99-00*

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.
SIGNATURE: _____
(Signature and Typed or Printed Name of Signing Managing Member or Manager)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
~~280 WEST PROSPECT ROAD~~
~~OAKLAND PARK FL 33334~~
312 State Rd 84
Fl. Land, Fl. 33328

3. Date Organized or Qualified <i>07/31/1998</i>	3a. State of Formation <i>FL</i>
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4. FEI Number <i>65-0919141</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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