

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 29 AM 11:23

DOCUMENT # **L990000 06811**

1. Entity Name
ATHENS LIMOUSINE SERVICE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6751 CORAL REEF ST
Suite, Apt. #, etc.

3. Mailing Address
53 HEATHER COVE DR
Suite, Apt. #, etc.

City & State
LAKE WORTH FL

City & State
BOYNTON BCH FL

Zip
33467 Country **PB**

Zip
33436 Country **PB**

600018673936
05/09/03--01059--010 **100.00
DO NOT WRITE IN THIS SPACE

4. FEL Number
65-0954880

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KELTON CUEVAS

Street Address (P.O. Box Number is Not Acceptable)
53 HEATHER COVE DR

City
BOYNTON BCH FL Zip Code
33436

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

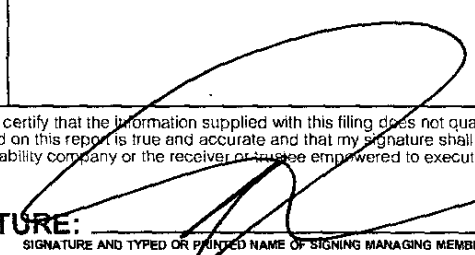
FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KELTON CUEVAS 53 HEATHER COVE DR BOYNTON BCH FL 33436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MADELAINE CUEVAS 53 HEATHER COVE DR BOYNTON BCH FL 33436 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Document was returned by the Post Office No reinstatement fee required. |

11. I 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 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:  **4/29/03** **561-432-8287**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)