

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 29 AM 11:23

DOCUMENT # L99000006811  
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

Applied For  
 Not Applicable

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

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

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: [Signature] Date 4/29/03 Daytime Phone # 561-432-8287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)