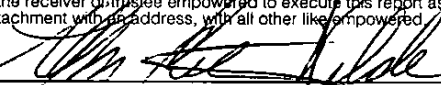


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90015 049 ****61.25

DOCUMENT # N30805 1. Entity Name FLORIDA LIMOUSINE ASSOCIATION, INC.					
Principal Place of Business PO BOX 70550 FORT LAUDERDALE, FL 33307-0550 US			Mailing Address C/O AIRPORT EXPRESS PO BOX 950 FORT LAUDERDALE, FL 33302 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILDE, LORRAINE C 3700 OAK RIDGE LANE WESTON, FL 33331				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 _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T/D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WILDE, LORRAINE C		NAME		
STREET ADDRESS	3700 OAKRIDGE LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331		CITY-ST-ZIP		
TITLE	VP/D ☐ Delete		TITLE	P/D ☒ Change ☐ Addition	
NAME	BORODAY, BOB		NAME		
STREET ADDRESS	10097 CLEARY BOULEVARD+		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	P/D ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	BORODAY, CARLA		NAME		
STREET ADDRESS	10097 CLEARY BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	D ☒ Delete		TITLE	GARCIA, RAY V.P/D ☒ Change ☐ Addition	
NAME	LEVITT, MARK		NAME		
STREET ADDRESS	4300 NW 14 ST.		STREET ADDRESS	21346 ST. ANDREWS BLVD.	
CITY-ST-ZIP	MIAMI, FL 33124		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D ☒ Delete		TITLE	THE RONI SHELLEY S/D ☐ Change ☐ Addition	
NAME	HALL, STEPHEN M		NAME		
STREET ADDRESS	11767 WEST PRAMBLING DRIVE		STREET ADDRESS	816 SE 15th Street	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP	Deerfield Beh, FL 33441	
TITLE	S/D ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	VERSACE, RICK		NAME		
STREET ADDRESS	102 SPANISH RIVER BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 2/21/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 954 565-8902 x560		