## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # P06000014284  1. Entity Name LL LIMOUSINES, INC.									02-26-2	0079	0051 (	)1 / · · · 1	50.00
Principal Place of Business Mailing Address 750 W. LUMSDEN ROAD 750 W. LUMSDEN ROAD BRANDON, FL 33511 US BRANDON, FL 33511 US									, ;	<u>.</u>			
Principal Place of Business - No P.O. Box #     3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, Btc.				01152007	Chg-P		CR2E	034 (12/06)	•
City & State				City & State				4. FEI Numb	320 8	306	 a		pplied For of Applicable
Zip		Country		Zip	Coun	try			of Status Des			\$8.75 Ad Fee Require	
-	8. Name	and Address of	Current Regis	tered Agent		Name		7. Name and	Address of	lew Re	distared .	Agent	
CURRY, CLIFTON C JR. 750 W, LUMSDEN ROAD						Street Address (P.O. Box Number is Not Acceptable)							
BRANDON, FL 33511												_	
						City					FL	Zip Cod	 18
		y submits this state tered agent.	ement for the p	ourpose of changing its	register	ed office or re	gister	ed agent, or bo	th, in the State	of Flori	da. I am	familiar with	, and accept
SIGNATURE_		<u> </u>											
	Signature, types	for printed herne of regist	ared agent and title	el epplicable. (1401)	E: Røgislere	d Agent signature i	eguired	when reinstaung)			DATE		
FILI After Ma	E NOW!!! sy 1, 200	FEE IS \$150 7 Fee will be	.00 \$550.00	9. Election Campa Trust Fund Cont		ncing 🔲		.00 May Be ed to Fees					
10.	D	OFFICE	RS AND DIRE	CTORS Delete	11.			ADDITIONS	CHANGES TO	OFFIC	ERS AND	DIRECTOR  Change	IS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	CURRY, 750 W. L	CLIFTON C JR. UMSDEN ROAD IN, FL 33511	•	LJ OERE	NAM Stre							- Ontarige	1,404.01
IITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, 750 W. L	TERESA D UMSDEN ROAD N, FL 33511	)	☐ Delete					_	-		Change	Addition
TITLE NAME STREET ADDRESS	BRANDO	N, FC 03311		☐ Delete	TITU	-						Change	Addition
CITY-ST-ZIP				Delete	TITL	-\$1-729						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				1 Desite	NAM Stre								
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Defects	СПУ	EET ADORESS - 57-21P						☐ Change	Addition
12. I hereby indicated of the conchanged	certify that to l on this reportion or poration or , or on an at	ne information subj ort or supplementa the receiver or trus lachment with an a	plied with this report is true tee empowers iddress, with a	illing does not qualify to and accurate and that i id to execute this report ill other like empowered	or the ex my signa l as requi	emptions con ture shall havined by Chapti	lained e the : er 607						
SIGNAT	TURE:	BIGHADIRE AND	TYPED OR PRINTE	E NAMES OF SIGNING OFFICER	OR PIREC	TOR			2/09/	07	E13	, 653. Daytime Phone #	2500