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August 11, 2004

VIA HAND DELIVERY

Federal Election Commission
 999 E Street, N.W.
 Washington, DC 20463

Re: **Amended Statement of Organization Filing**

Dear Sir/Madam:

Transmitted herewith on behalf of the National Limousine Association Political Action Committee (NLA PAC) is an Amended Statement of Organization (FEC Form 1) reflecting changes in NLA PAC's registration information. Specifically, NLA PAC has changed its Custodian of Records, as well as the NLA PAC's e-mail address.

Should the Federal Election Commission have any questions regarding this submission, it is requested to communicate directly with the undersigned.

Sincerely,



Michael F. MORZONE

Enclosure

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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over this line. 12FB4M5

NATIONAL LIMOUSINE ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 49 S. MAPLE AVE

(Check if address is changed)

MARLTON NJ 08053

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

FRAN.SHANE@LIMO.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 07 08 2004

3. FEC IDENTIFICATION NUMBER ▶ C 00358380

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael J. Renahan

Signature of Treasurer

Date 07 29 2004

NOTE: Guiltless of false, misleading, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President _____ State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NATIONAL LIMOUSINE ASSOCIATION, INC.

Mailing Address 49 SOUTH MAPLE AVE.

MARLTON NJ 08053

CITY STATE ZIP CODE

Relationship CONNECTED ORGANIZATION

- Type of Connected Organization:
- Corporation
 - Corporation w/o Capital Stock
 - Labor Organization
 - Membership Organization
 - Trade Association
 - Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name FRANCIS SHANE
 Mailing Address 49 S. MAPLE AVENUE
 MARLTON NJ 08053
 Title or Position CUSTODIAN CITY STATE ZIP CODE
 Telephone number 856 696 3344

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer MICHAEL J. RENEHAN
 Mailing Address ALL AIRE LIMOUSINES, INC.
 5144 HURLEY POND ROAD, P.O. BOX 627
 FARMINGDALE NJ 07727
 Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number 732 935 4700

Full Name of Designated Agent BARBARA J. CHIRICO
 Mailing Address GEM LIMOUSINE SERVICE, INC.
 70 AMBOY AVENUE
 WOODBRIDGE NJ 07727
 Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
 Telephone number 732 596 0900

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

FLEET BANK

Mailing Address

6 & MAIN STREET

FARMINGDALE NJ 07727

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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