


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 164877
 1. Entity Name
 HOLLYWOOD LINCOLN MERCURY, INC.



Principal Place of Business
 1700 SHERIDAN ST.
 HOLLYWOOD, FL 33020

Mailing Address
 15000 SHERIDAN ST.
 PEMBROKE PINES, FL 33331

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-0652578

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARDNER, GLENN
 911 NE 2ND AVE
 FT LAUDERDALE, FL 33304

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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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARDNER, GLENN
STREET ADDRESS	911 NE 2ND AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	S
NAME	RANKIN, GAYE B
STREET ADDRESS	1100 PONCE DE LEON
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	EVP
NAME	MAGGIO, JOHN G
STREET ADDRESS	2316 NW 67TH ST.
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/08/08-80004-012 150.00

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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 607, 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: [Signature] Date: 1/3/07 Daytime Phone #: 954-335-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR