


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000002571

1. Entity Name
LARAMIE LITHIA, INC.



Principal Place of Business Mailing Address

%MIKE PAPACOSMAS **C/LARAMIE ASSOCIATES**
201 E KENNEDY BLVD STE.1121 **500 NORTH BROADWAY**
TAMPA, FL 33632 **JERICO, NY 11753**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

11-3268311 Not Applicable

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

6. Name and Address of Current Registered Agent

CB RICHARD ELLIS, INC.
201 S. ORANGE AVE.
SUITE 1500
ORLANDO, FL 32801

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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: *[Signature]* Pres DATE: 2/15/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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**

000000830247
 02/26/08-80076-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SILVERMAN, MARK
STREET ADDRESS	500 N BROADWAY STE 539
CITY-ST-ZIP	JERICO, NY 11753
TITLE	V
NAME	BERNSTEIN, CHARLES
STREET ADDRESS	2 MARSEILLE DR.
CITY-ST-ZIP	LATTINGTOWN, NY 11580
TITLE	ST
NAME	SIDERIS, ARISTIDES
STREET ADDRESS	97 LEFFERTS RD.
CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 reports 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]* Pres Date: 2/15/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #