


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90029 034 \*\*\*\*50.00

<b>DOCUMENT # L02000018377</b>	
1. Entity Name <b>AUTO BROKERS EUROPEAN CONNECTION, LLC</b>	

Principal Place of Business <b>16206-B NORTH NEBRASKA AVE. LUTZ, FL 33549</b>	Mailing Address <b>16206-B NORTH NEBRASKA AVE. LUTZ, FL 33549</b>
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**20058617**



2. Principal Place of Business		3. Mailing Address <b>502 N. ARMENIA AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>TAMPA FL</b>	
Zip	Country	Zip	Country
		<b>33609</b>	<b>USA</b>


04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>16-1618645</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PINTO, LUIS 16206-B NORTH NEBRASKA AVE. LUTZ, FL 33549</b>	
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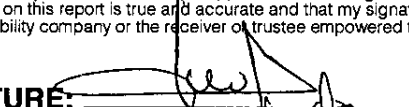
7. Name and Address of New Registered Agent Name <b>KEITH W. KOEHLER</b> Str <b>Koehler &amp; Company, P.A.</b> <b>502 North Armenia Avenue</b> Cit <b>Tampa, FL 33609</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.		Similar with, and accept	
SIGNATURE 	<b>4/20/05</b>	DATE	

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PINTO, LUIS 16206-B NORTH NEBRASKA AVE. LUTZ, FL 33549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	<b>4/22/05 (813) 960-0600</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #