

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/19/2003-90063-009-\$50.00-\$50.00

DOCUMENT # L02000018377

1. Entity Name
AUTO BROKERS EUROPEAN CONNECTION, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29, PM 3:47

WC
10/03

Principal Place of Business
16206-B NORTH NEBRASKA AVE.
LUTZ FL 33549

Mailing Address
16206-B NORTH NEBRASKA AVE.
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
16-1618645

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PINTO, LUIS
16206-B NORTH NEBRASKA AVE.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 one if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: Owner/President
NAME: Luis Pinto
STREET ADDRESS: 16206 N. Nebraska Avenue Suite B
CITY-ST-ZIP: Lutz FL 33549

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

10. ADDITIONS/CHANGES

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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: [Signature] SIGNATURE REQUIRED: PINTO
Date: 9/16/03 Daytime Phone #: (813) 960-0600

CFR2E083 (4/03)