

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-16-2007 90174 002 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000030232			
1. Entity Name CENTRAL FLORIDA HONDA DEALERS, LLC			
Principal Place of Business 2699 STIRLING ROAD B-206 FORT LAUDERDALE, FL 33312		Mailing Address 2699 STIRLING ROAD B-206 FORT LAUDERDALE, FL 33312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SCHAIN, RONALD D 2699 STIRLING ROAD B-206 FORT LAUDERDALE, FL 33312		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR ☐ Delete NAME CATANIA, FIL STREET ADDRESS 14064 S. ORANGE BLOSSOM TRAIL CITY- ST- ZIP ORLANDO, FL 32837		TITLE ☐ Change ☐ Addition NAME <i>MGR. TOM MCDARIEL</i> STREET ADDRESS <i>11051 S. ORANGE BLOSSOM TRAIL</i> CITY- ST- ZIP <i>ORLANDO, FL 32837</i>	
TITLE MGRM ☐ Delete NAME COGGIN HONDA OF ORLANDO STREET ADDRESS 11051 S. ORANGE BLOSSOM TRAIL CITY- ST- ZIP ORLANDO, FL 32837		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE MGR ☐ Delete NAME HOLLER, ROGER STREET ADDRESS 1150 N. ORLANDO AVENUE CITY- ST- ZIP WINTER PARK, FL 32789		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE MGRM ☐ Delete NAME HOLLER HONDA STREET ADDRESS 1150 N. ORLANDO AVENUE CITY- ST- ZIP WINTER PARK, FL 32789		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
11. 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 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: <i>[Signature]</i> <i>Ronald Schain</i> <i>4/2/07</i> <i>954-962-0111</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone			