

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jul 27, 2009  
Secretary of State**

DOCUMENT# L08000116234

Entity Name: GUS MACHADO FORD OF KENDALL, LLC

**Current Principal Place of Business:**

1200 WEST 49TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1200 WEST 49TH STREET  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 26-3918726      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARISTA, EDUARDO R ESQ.  
ARISTA & HERRAN, PL  
2655 LE JEUNE ROAD, SUITE 700  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

MACHADO, GUS  
GUS MACHADO FORD, INC.  
1200 WEST 49TH STREET  
MIAMI, FL 33012 US

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.

SIGNATURE: GUS MACHADO      07/27/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUS MACHADO FORD OF KENDALL MANAGER LLC  
Address: 1200 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PST ( ) Delete  
Name: MAHADO, GUS  
Address: 1200 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUS MACHADO      MR      07/27/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date