2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90051 021 ****50.00

DOCUMENT # L98000002089

1. Entity Name

SONIC - FM AUTOMOTIVE, LLC

Principal Place of Business	Mailing Address
13880 S. TAMIAMI TRAIL FT. MYERS FL 33912	13880 S. TAMIAMI TRAIL FT. MYERS FL 33912

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3535971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, O. BRUTON 5401 E. INDEPENDENCE BLVD. CHARLOTTE NC 28218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Iuppenlatz, Mark 2911 Providence Trail Lane Charlotte, NC 28270	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, B. SCOTT 5401 E. INDEPENDENCE BLVD. CHARLOTTE NC 28218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Plummer, David 5901 Avelon Valley, #938 Charlotte, NC 28277	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WRIGHT, THEODORE M 5401 E. INDEPENDENCE BLVD. CHARLOTTE NC 28218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Mullins, Michael E. 3905 Vasconia Street Tampa, FL 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST PTASZEK, JANET C 1919 N. DIXIE PKWY NEW SMYRNA BEACH FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Lipari, Lou 10418 Springrose Drive Tampa, FL 33626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BROWN, RICKY L 4625 ALEXANDER DRIVE, STE 140 ALPHARETTA GA 30002	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Lou Lipari SIGNATURE REQUIRED Asst. Sec. 1/23/03 727-213-2458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #