FILED 2008 LIMITED LIABILITY COMPANY Apr 18, 2008 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # M00000000427 ASBURY-DELAND IMPORTS, L.L.C. Principal Place of Business Mailing Address 4306 PABLO OAKS COURT PO BOX 16469 JACKSONVILLE, FL 32245-646 JACKSONVILLE, FL 32224 04032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3604213 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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 egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/01/08-80061-009 130.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM ASHBURY DELAND IMPORTS 2 LLC NAME STREET ADDRESS 4306 PABLO CT CITY-ST-ZIP JACKSONVILLE, FL 32224 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADORESS

CITY-ST-ZIP

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

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

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:/ | mag yours | Linda L Maxlette | 4.8.08 | 904.992.4110 |
|--|-----------|------------------|--------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | | | Date | Daytime Phone # |