2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000551

1. Entity Name

COGGIN CHEVROLET L.L.C.



FILED Apr 16, 2004 08:00 AM Secretary of State

Principal Place of Business 4306 PABLO DAKS COURT JACKSONVILLE, FL 32224 Mailing Address PO BOX 16469 JACKSONVILLE, FL 32245-6469



DO NOT WRITE IN THIS SPACE

01232004No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For S9-3624905 Not Applied For Not Applied For Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301

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	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.
c	(CNATURE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

000000115517 04/16/04-80027-014 50.00

DATE

9. MANAGING MEMBERS/MANAGERS MGR TITLE TOMM, CHARLIE NAME STREET ADDRESS 4306 PABLO OAKS CT JACKSONVILLE, FL 32224 CITY-SY-ZIP MGR TITLE MARLETTE, LINDA L NAME 4306 PABLO OAKS CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 eath; 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.

IGNATURE: MUCH MALESTE NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Day The Phone &