2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M0000000560 1. Entity Name COGGIN CARS L.L.C. Principal Place of Business 4306 PABLO OAKS COURT JACKSONVILLE, FL 32224 Mailing Address PO BOX 16469 JACKSONVILLE, FL 32245-6469

FILED Mar 22, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN	THIS	SPAC	E
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03172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For	
59-3624906	 Not Applicab	bl
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

CITY-ST-ZIP

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IN THIS SPACE

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SIGNATURE.	Signature, typed or prifited name of registered agent and title if applicable	(NOTE. Ragistered Agent signature required when retristating)	DATE
F	iling Fee is \$50.00 ue by M≉y 1, 2005		
9.	MANAGING_MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMM, CHARLIE 4306 PABLO OAKS CT. JACKSONVILLE, FL 32224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARLETTE, LINDA L 4306 PABLO ÖAKS CT JACKSONVILLE, FL 32224		03/22/05-80005-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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

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.

SIGNATURE: WYOUR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #