

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **M0000000910**

1. Entity Name  
**PENSKE AUTO CENTERS, LLC**

FILED

Principal Place of Business  
**3270 W. BIG BEAVER ROAD, SUITE 130  
TROY MI 48064**

Mailing Address  
**3270 W. BIG BEAVER ROAD, SUITE 130  
TROY MI 48064**

01 SEP 24 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **38-3524827** **APPLIED FOR**  
Applied For  Not Applicable

Zip Country Zip Country

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**

**C T 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.

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 Department of State**  
**Due By September 26, 2001**

**300004616753--8**  
**-10/01/01--01004--004**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **President & CEO**  Delete  
NAME **James Wheat**  
STREET ADDRESS **8335 Pine Lake Dr.**  
CITY-ST-ZIP **Davisburg ME 48350**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer**  Delete  
NAME **J. Randall Lawrence**  
STREET ADDRESS **4523 Sunningdale Dr.**  
CITY-ST-ZIP **Bloomfield Hills MI 48302**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVP**  Delete  
NAME **Robert Kunnick**  
STREET ADDRESS **648 Bawey**  
CITY-ST-ZIP **Birmingham MI 48009**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary**  Delete  
NAME **John DiSalvo**  
STREET ADDRESS **1007 Greenleaf**  
CITY-ST-ZIP **Royal Oak MI 48067**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **[Signature]** **RE REQUIRED**

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

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

0006031