2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 08:00 AM Secretary of State

	ANNUAL	KEPUKI				C		of C4a	
DOCUMENT # P04000171942					Secretary of State				
1. Entity Name LONGWOOD AUTO ACQUISITIONS I, INC.									
Principal Plac 9001 E COLO ORLANDO, F		Mailing Address 9001 E COLONIAL DR ORLANDO, FL 32817			1 1 1 1 21 11 1 2 11 1 2	III	41 1/4/11 18 18 18 18 18 18 18 18 18 18 18 18 1	(4)	
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	O NOT WRITE	IN THIS SPA	CE	4.	FEI Number 20-2087		·	Applied For Not Applicable	
	grade de la companya			5.	Certificate of	Status Desired		3.75 Additional e Required	
	6. Name and Address of Current Re	gistered Agent	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	in the	r, greener			age or the second	
50 N LAUI JACKSON	WHITE BOGGS BANKER PA RA STREET SUITE 2200 IVILLE, FL 32202				IN T	NOT W HIS SF	PACE		
the obligat	e named entity submits this statement for the titions of registered agent.	e purpose of changing its registe	Lea onice of I	egistered aç	gent, or both	, in the State of Pi	onda. Tamran	niliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE Register	ed Agent signature	e required when r	reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 to			, ,		
10.	OFFICERS AND DI	RECTORS	service of the	٠,٠٠٠ کو	६ ४ र.५ र रेग	yja kantina	**, v · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINSON, CARL R 9001 E. COLONIAL DRIVE ORLANDO, FL 32817		grana s	en e		er en		gregoria esta esta esta esta esta esta esta est	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					a and profits.	the experience	Andrews (

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <

NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

407 275 3200

Date

Daytime Phone #