

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90041 010 ****50.00

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| DOCUMENT # L06000000883 | |  | |
| 1. Entity Name DOWNTOWN AUTOMOTIVE, LLC | | | |
| Principal Place of Business 3031 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 | | Mailing Address 3031 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 | |
| 2. Principal Place of Business - No P.O. Box # 764 SHADEVILLE HIGHWAY | | 3. Mailing Address 764 SHADEVILLE HIGHWAY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State CRAWFORDVILLE, FLORIDA | | City & State CRAWFORDVILLE, FLORIDA | |
| Zip 32327 | | Country USA | |
| 4. FEI Number 16-1745605 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| THOMPSON, SUUSAN S 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309 | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HIGHSMITH, PHILLIP L SR. 3031 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | XX Change <input type="checkbox"/> Addition 764 SHADEVILLE HIGHWAY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Phillip L. Highsmith, Sr.</i> Sr. Phillip L. Highsmith, Sr. MGRM 3/23/07 (850)926-7883 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |