

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 188166</b> 1. Entity Name <b>SAWGRASS FORD, INC.</b>						<b>FILED</b> <b>07 MAY 17 PM 1:20</b> DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>14501 W. SUNRISE BLVD. SUNRISE, FL 33323</b>				Mailing Address <b>14501 W. SUNRISE BLVD. SUNRISE, FL 33323</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-0754995</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PORTLEY, PETER A ESQ, 6245 N FEDERAL HWY SUITE# 401 FT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name <b>Peter A. Portley, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2211 East Sample Road, Suite 204</b> City <b>Lighthouse Point</b> <b>FL</b> Zip Code <b>33064</b>			
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 <u><i>Peter A. Portley</i></u> DATE <u>5/14/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT MENTEN, DAVID M PRES <input type="checkbox"/> Delete 14501 W. SUNRISE BLVD. SUNRISE, FL 33323			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900103611959</b> <b>05/31/07--01036--024 **\$1.25</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENTEN, PETER J VICE PR <input type="checkbox"/> Delete 14501 W. SUNRISE BLVD. SUNRISE, FL 33323			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MENTEN, PETER J SECR <input type="checkbox"/> Delete 14501 W SUNRISE BLVD SUNRISE, FL 33323			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		
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		
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 oath; 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: <u><i>Peter A. Portley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>5.14.07</u> Daytime Phone # <u>954-851-9000</u>			

2.5/25