


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

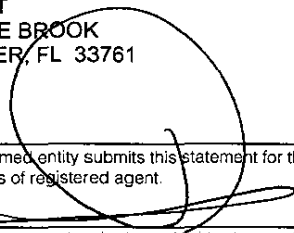
01-26-2004 90074 008 \*\*\*\*50.00

|   |         |   |            |
|---|---------|---|------------|
| <b>DOCUMENT # L00000004315</b>  |         |  |            |
| 1. Entity Name<br><b>FORT MYERS COLLISION CENTER, LLC</b>                             |         |   |            |
| Principal Place of Business<br><b>12490 METRO PARKWAY<br/>FORT MYERS, FL 33912 US</b> |         | Mailing Address<br><b>12490 METRO PARKWAY<br/>FORT MYERS, FL 33912 US</b>         |            |
| 2. Principal Place of Business  |         | 3. Mailing Address<br><b>13880 S. Tamiami Trail</b>                               |            |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |            |
| City & State  |         | City & State<br><b>Fort Myers, Florida</b>  |            |
| Zip   | Country | Zip   | Country    |
|   |         | <b>33912</b>  | <b>USA</b> |



01062004 Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3659948</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |  |
| <b>FINK, SCOTT</b><br><b>3030 TURTLE BROOK</b><br><b>CLEARWATER, FL 33761</b>   |  | Name<br><b>CT Corporation System</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 S. Pine Island Road</b><br>City<br><b>Plantation</b> <b>FL</b> Zip Code<br><b>33324</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   |  | <b>PETER F. SOUZA</b><br><b>ASSISTANT SECRETARY</b><br>DATE <b>1/8/04</b>   |  |

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>FINK, SCOTT</b><br><b>3030 TURTLE BROOK</b><br><b>CLEARWATER, FL 33761</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>O. Bruton Smith</b><br><b>5401 E. Independence Blvd.</b><br><b>Charlotte, NC 28212</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>MCCABE, TIM</b><br><b>3544 LANDMARK TRAIL</b><br><b>PALM HARBOR, FL 34684</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>B. Scott Smith</b><br><b>4516 Belknap Rd.</b><br><b>Charlotte, NC 28211</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>Theodore M. Wright</b><br><b>2900 High Ridge Road</b><br><b>Charlotte, NC 28270</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:**  **O. BRUTON Smith** 1/15/04 704/532/3320