2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L0000007064 1. Entity Name AUTOMOTIVE CONCEPTS OF ORLANDO, LLC						M L	ED			2
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Principal Place of Business 965 SUNSHINE LANE ALTAMONTE SPRINGS FL 32714		Mailing Address 965 SUNSHINE LANE ALTAMONTE SPRINGS FI	-			ECRETARY LLAHASSI	OF STATI	E JA		
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEV	4. FENumber Applied For Not Applicable				
Zip Country		Zip Coun		гу	5. Certificate of Status Desired See Required			ditional	1	
		t De glotoped & sout	1		7 Nam	e and Address	of New Registr	<u></u>		
	6. Name and Address of Curren	t Megistered Agent		Name		E.Zilu Addiess	Oliten,ilegist	aroa rigeria		
ALITOMO	THAT CONCERTS OF NORTH AN	EDICA INC			<u></u>					
	TIVE CONCEPTS OF NORTH AM		Street Address (P.O. Box Number is Not Acceptable)							
965 SUNSHINE LANE										1
ALTAMONTE SPRINGS FL 32714										
				City		-	<u></u> ,	FL Zip Cod	е	
										1
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or	registered agent,	or both, in the S	tate of Florida.			1
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	Signature, typed or printed name of registered ager	it and title if applicable. (NO)	c. negisteleu	Agent signatu	are required when romates	Iy,				1
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9.	MANAGING MEM	BERS/MEMBERS	10.			AD	DITIONS/CHA	NGES		1 _
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 I hereby of indicated limited lia 	certify that the information supplied wi on this report is true and accurate an ability company or the receiver or trust	ith this filing does not qualify for the stall have ge empowered to execute this	or the exer the same report as	nption sta legal effe required l	ted in Section 119 ct as if made unde by Chapter 608, Fi	.07(3)(i), Florida er oath; that I ar orida Statutes.	Statutes. I furth n a managing r	ner certify that the member or manag	iniormation er of the	