2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007064

1. Entity Name
AUTOMOTIVE CONCEPTS OF ORLANDO, LLC

Principal Place of Business	Mailing Address
965 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714	965 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714

03092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2152636
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AUTOMOTIVE CONCEPTS OF NORTH AMERICA, INC.
965 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000111878
04/13/04-80038-014 53.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	RICHARDS, THOMAS
STREET ADDRESS	513 HORSHAM ROAD
CITY-ST-ZIP	HORSHAM, PA 19044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] VP 3-25-04 215 443 5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #