

**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	
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Principal Place of Business 965 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714	Mailing Address 965 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-LLC CR2E083 (10/03)

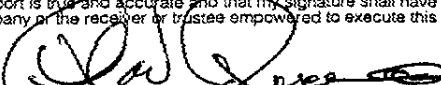
4. FEI Number 52-2152636	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2004	U000000111878 04/13/04-89038-014 53.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM RICHARDS, THOMAS 513 HORSHAM ROAD HORSHAM, PA 19044
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)(f), 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:  VP 3-25-04 215 443 5420 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	DO NOT WRITE IN THIS SPACE
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