

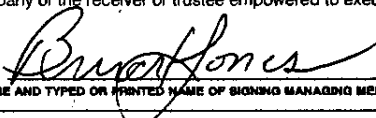


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90083 019 \*\*\*\*55.00

<b>DOCUMENT # L00000007205</b>					
<b>1. Entity Name</b> <b>BRUCE JONES AUTO SALES, L.C.</b>					
<b>Principal Place of Business</b> <b>4410 KINGSPORT ROAD</b> <b>SAINT PETERSBURG, FL 33702</b>			<b>Mailing Address</b> <b>4410 KINGSPORT ROAD</b> <b>SAINT PETERSBURG, FL 33702</b>		
<b>2. Principal Place of Business</b> <b>11495 66th Street N</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>P.O. Box 56432</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Largo, FL</b> Zip: <b>33773</b> Country: <b>Pinellas</b>		<b>City &amp; State</b> <b>St. Petersburg, FL</b> Zip: <b>33732-6432</b> Country: <b>Pinellas</b>		<b>4. FEI Number</b> <b>59-3665119</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>CHADWELL, E.</b> <b>301 PATICA ROAD NE</b> <b>SAINT PETERSBURG, FL 33702</b>			<b>7. Name and Address of New Registered Agent</b> Name: <b>Victoria P. Behm, P.A.</b> Street Address (P.O. Box Number is Not Acceptable): <b>405 2nd Street South</b> <b>Suite C</b> City: <b>Safety Harbor</b> <b>FL</b> Zip Code: <b>34695</b>		
<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.</b>					
SIGNATURE: 		<b>Victoria P. Behm, Esq.</b>		<b>4/22/04</b>	
<b>Filing Fee is \$50.00.</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>JONES, BRUCE K</b> <b>4410 KINGSPORT ROAD</b> <b>LITTLE RIVER, SC 29566</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>JONES, CAROLYNN</b> <b>4410 KINGSPORT ROAD</b> <b>LITTLE RIVER, SC 29566</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>Bruce K. Jones</b>		<b>4/22/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	