

2001 UNIFORM BUSINESS REPORT (UBR)

0028307 AF

DOCUMENT # L00000007634

1. Entity Name

TALLAHASSEE LINCOLN MERCURY CHRYSLER JEEP HYUNDA

FILED

01 APR 27 PM 11:27

Principal Place of Business

3987 W TENNESSEE ST
TALLAHASSEE FL 32304

Mailing Address

P.O. BOX 2336
CLEARWATER FL 33757

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. Box 1508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33757 US

4. FEI Number

59 3654808

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, MICHAEL G
911 CHESTNUT ST
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NO. 400004218954-4
Make Check Payable to Department of State

400004218954-4
-05/15/01--01146--019
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLE MEMBER CAPITAL CITY AUTOMOTIVE GROUP, LLC, a Florida limited liability company 3987 W. Tennessee St. Tallahassee, FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary O. Ken Marks, Jr. 3987 W. Tennessee Street Tallahassee, FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles M. Urban 3987 W. Tennessee Street Tallahassee, FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert Hudson 3987 W. Tennessee Street Tallahassee, FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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. Ken Marks, Jr. President of 4/3/01 227-560-1501

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

Date

Daytime Phone #

CR2E083 (11/00)