

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007764

1. Entity Name
WILLIAMSON SATURN OF MIAMI LAKES, LLC

Principal Place of Business
7250 NORTH KENDALL DRIVE
MIAMI FL 33156

Mailing Address
7250 NORTH KENDALL DRIVE
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, SUITE 2800
MIAMI FL 33131-1714

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. PD MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
WILLIAMSON George
STREET ADDRESS
7250 N. Kendall Blvd
CITY-ST-ZIP
Miami FL 33156

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
400003802734--4
-03/06/01--01093--027
*****50.00 *****50.00

TITLE NAME
WILLIAMSON Thomas W
STREET ADDRESS
7250 N. Kendall Blvd
CITY-ST-ZIP
Miami FL 33156

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Vern, Louis
STREET ADDRESS
7250 N. Kendall Blvd
CITY-ST-ZIP
Miami FL 33156

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
WILLIAMSON Carol F
STREET ADDRESS
7250 N. Kendall Blvd
CITY-ST-ZIP
Miami FL 33156

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

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

Date

Daytime Phone #

1/19/01 305 556-1200

000997 AF

CR2E083 (11/00)

FILED

01 FEB 28 PM 3:05 491

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1030360

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required