

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90187 001 ***110.00

DOCUMENT # L00000008608

1. Entity Name
CAPITAL CITY AUTOMOTIVE GROUP, LLC



Principal Place of Business
3987 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304 US

Mailing Address
P.O. BOX 1508
CLEARWATER, FL 33757 US

30003558



03152006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3659946	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARKS, KEN 3987 W. TENNESSEE STREET TALLAHASSEE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR URBAN, CHARLES 3987 W. TENNESSEE STREET TALLAHASSEE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUDSON, ROBERT 3987 W. TENNESSEE STREET TALLAHASSEE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/06

727-560
1501