2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009729

1. Entity Name

THE CAR SALON, L.L.C.



FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90058 003 ****50.00

Principal Place of Business

1700 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334 Mailing Address

1700 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334 24056794



03152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied (For
65-1031196	 Not Appl	icable
5. Certificate of Status Desired	\$5.00 Additional	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAPANARO, JOHN C/O THE CAR STATION, LLC. FORT LAUDERDALE, FL 33334

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.	3,
		•

SIGNATURE

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

MANAGING MEMBERS MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAPONARO, JOHN C/O THE CAR SALON FORT LAUDERDALE, FL 33334	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. hereby (certify that the information supplied with this filing does not qualify for the exe	

DO NOT WRITE IN THIS SPACE

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

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/04

954-938-6993

Daytime Phone #