FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92212 015 ****50.00

30069872

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009836

1. Entity Name
AUTOMOTIVE RISK MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
~~1608 TOWN CENTER BLVD., #B~~ ~~WESTON, FL 33325~~	~~1608 TOWN CENTER BLVD., #B~~ ~~WESTON, FL 33325~~

2. Principal Place of Business	3. Mailing Address
1200 Weston Road	1200 Weston Road
Suite, Apt. #, etc. 3rd Flour	Suite, Apt. #, etc. 3rd Floor
City & State Weston Florida	City & State Weston, Florida
Zip 33326 Country USA	Zip 33324 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1033058
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HATIC, HAAS ESQ.~~ ~~% GREENSPOON MARDER HIRSCHFELD RAFKIN~~ ~~100 W. CYPRESS CREEK RD., SUITE 100~~ ~~FT. LAUDERDALE, FL 33309~~	Name: Todd Payne S. Esq. Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd Suite 400-N City: Hollywood FL Zip Code: 33021

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMILEY, DONALD 1608 TOWN CENTER BLVD., #B WESTON, FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FRASER, RONALD 1608 TOWN CENTER BLVD., #B WESTON, FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLAWSON, PATRICK 1608 TOWN CENTER BLVD., #B WESTON, FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ 4/29/03 (954)389-6023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #