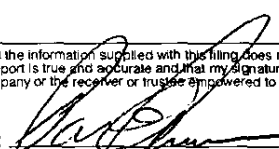


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92212 015 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009836			
1. Entity Name AUTOMOTIVE RISK MANAGEMENT, L.L.C.			
Principal Place of Business 1608 TOWN CENTER BLVD., #B WESTON, FL 33325		Mailing Address 1608 TOWN CENTER BLVD., #B WESTON, FL 33325	
2. Principal Place of Business 1200 Weston Road Suite, Apt. #, etc. 3rd Floor City & State Weston Florida Zip 33326 Country USA		3. Mailing Address 1200 Weston Road Suite, Apt. #, etc. 3rd Floor City & State Weston Florida Zip 33324 Country USA	
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 HARRIS, HAAS ESQ. % GREENSPRING WARDER HIRSCHFELD-RAKIN 100 W. CYPRESS CREEK RD., SUITE 100 FT. LAUDERDALE, FL 33309	
7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when registering)			
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	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	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	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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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) 389-8023	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E033 (10/02)