

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010282

Entity Name: B AUTO GROUP, L.L.C.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2640 US 1 SOUTH
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

256 HIGHWAY 17 NORTH
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3670922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLMES, DONALD E
222 N. 3RD STREET
PALATKA, FL 321773710 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SLOAN, PRESTON B
Address: 2601 FAIRWAY DRIVE
City-St-Zip: PALATKA, FL 32177

Title: MGR () Delete
Name: SLOAN, BRADLEY C
Address: 129 WALTON RD
City-St-Zip: EAST PALATKA, FL 32131

Title: MGR () Delete
Name: BECK, CARL C JR
Address: 256 HWY 17 NORTH
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRADLEY C SLOAN

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date