

### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L00000012472

1. Entity Name

FLTVT DEALERSHIP PROPERTY, L.L.C.



FILED May 01, 2008 08:00 Al Secretary of State

Principal Place of Business

8500 SHAWNEE MISSION PKWY., STE. 200

SHAWNEE MISSION, KS 66201

Mailing Address

8500 SHAWNEE MISSION PKWY., STE. 200

SHAWNEE MISSION, KS 66201



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 41-1237274 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of change the obligations of registered agent.	ing its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE. Registered Agent signature required when reinstating)	DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN TUYL, CECIL 8500 SHAWNEE MISSION PARKWAY, STE 200 SHAWNEE MISSION, KS 66201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLCOMB, ROBERT J 8500 SHAWNEE MISSION PKWY STE 200 SHAWNEE MISSION, KS 66201
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

Robert T Holcomb

4/23/08

913-895-0200