

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90020 025 *****50.00

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DOCUMENT # L00000013345

1. Entity Name

AFFILIATED AUTOMOTIVE GROUP, L.L.C.



Principal Place of Business

**8133 BAYMEADOWS WAY
JACKSONVILLE FL 32256**

Mailing Address

**8133 BAYMEADOWS WAY
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-3039032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLACKBURN, DENNIS L
SUITE 200, SOUTHPPOINT BUILDING
6620 SOUTHPPOINT DRIVE, SOUTH
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name
BLACKBURN, DENNIS L

Street Address (P.O. Box Number is Not Acceptable)

5150 BELFORT RD S

BLDG 500

City
JACKSONVILLE

FL

Zip Code
32256

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	CCEO DAVIS, W. RAY	<input type="checkbox"/> Delete
STREET ADDRESS	13819 TORTUGA POINT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE NAME	P DAVIS, ELIZABETH M	<input type="checkbox"/> Delete
STREET ADDRESS	13819 TORTUGA POINT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE NAME	VP SHAFFER, JAMES R	<input type="checkbox"/> Delete
STREET ADDRESS	20792 RIVER RIDGE DR.	
CITY-ST-ZIP	BRISTOL IN 46507	
TITLE NAME	VP VAN DALTON, REESE	<input type="checkbox"/> Delete
STREET ADDRESS	2808 SANDRAY CT.	
CITY-ST-ZIP	PLANO TX 75093	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	CCEO DAVIS, W. RAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1408 MOSS CREEK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE NAME	P DAVIS, ELIZABETH M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1408 MOSS CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)