


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90054 046 \*\*\*\*50.00

<b>DOCUMENT # L01000000688</b> 1. Entity Name <b>POMPANO AUTO INVESTORS I, LLC</b>					
Principal Place of Business <b>1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062</b>			Mailing Address <b>1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062</b>		
2. Principal Place of Business <b>4250 N. Federal Hwy.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4250 N. Federal Hwy.</b> Suite, Apt. #, etc.			
City & State <b>Lighthouse Point, FL</b>		City & State <b>Lighthouse Point, FL</b>		4. FEI Number <b>65-1067426</b>	
Zip <b>33064</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., STE. 1000 (JGH) ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>DAYHOFF, MICHAEL R</b> <b>1000 NORTH FEDERAL HIGHWAY</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-AS-T-CFO</b> <b>4250 N. Federal Hwy.</b> <b>Lighthouse Point, FL 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>SMITH, PHILIP P</b> <b>1000 NORTH FEDERAL HIGHWAY</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4250 N. Federal Hwy.</b> <b>Lighthouse Point, FL 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PPS AUTO HOLDINGS LLC</b> <b>1000 N. FEDERAL HWY</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4250 N. Federal Hwy.</b> <b>Lighthouse Point, FL 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JFL EQUITIES INC</b> <b>1000 N. FEDERAL HWY</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4250 N. Federal Hwy.</b> <b>Lighthouse Point, FL 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LUTTER, JON F</b> <b>1000 N. FEDERAL HWY</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4250 N. Federal Hwy.</b> <b>Lighthouse Point, FL 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Rooney Auto Equities, Inc.</b> <b>4250 N. Federal Hwy.</b> <b>Lighthouse Point, FL 33064</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Michael R. Dayhoff</i> <b>VP</b>			<b>4/27/05</b> <b>(954) 867-1234</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

**MICHAEL R. DAYHOFF**