

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004878

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: WILLIAM WALLACE AUTOMOTIVE, LLC

**Current Principal Place of Business:**

3725 SE FEDERAL HWY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

3801 SE FEDERAL HWY  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 65-1093371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE, WILLIAM L  
3801 SE FEDERAL HWY  
STUART, FL 34997 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: WALLACE AUTOMOTIVE M, ANAGEMENT CORP O RATION  
Address: 3801 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34997

Title: P ( ) Delete  
Name: WALLACE, WILLIAM L  
Address: 3801 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34997

Title: VS ( ) Delete  
Name: SMITH, D. LEE  
Address: 3801 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete  
Name: POWELL, JUDITH L  
Address: 3801 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34997

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH L POWELL

S

04/20/2007

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