


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90082 020 ****50.00

DOCUMENT # L01000004878

1. Entity Name
WILLIAM WALLACE AUTOMOTIVE, LLC



Principal Place of Business Mailing Address
3555 S.E. FEDERAL HWY. **3801 SE FEDERAL HWY**
STUART FL 34997 **STUART FL 34997**

2. Principal Place of Business 3. Mailing Address
3725 S.E. Federal Hwy Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Stuart Florida _____

Zip Country Zip Country
34997 **USA** _____ _____

4. FEI Number **65-1093371** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MACMILLAN STANLEY, CAROL
29 N.E. FOURTH AVE.
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
 Name **William L. Wallace**
 Street Address (P.O. Box Number is Not Acceptable)
3801 S.E. Federal Hwy
 City **Stuart** **FL** Zip Code **34997**

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: *William L. Wallace* DATE: **4-22-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALLACE, WILLIAM L	
STREET ADDRESS	1472 S OCEAN AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, D LEE	
STREET ADDRESS	175 DOVE CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	POWELL, JUDITH L	
STREET ADDRESS	494 KRUEGER CREEK PLACE	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Judith L Powell* **Judith L Powell** DATE: **4-22-03** (772) 283-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)