


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90124 017 ****50.00

DOCUMENT # L01000007945	
1. Entity Name DIRECT AUTO GROUP L.L.C.	

Principal Place of Business 121 LAKE AVENUE MAITLAND, FL 32751	Mailing Address 7851 SUGAR VIEW COURT ORLANDO, FL 32819
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24013133



2. Principal Place of Business 8915 South US Hwy 17/92 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02172004 Chg-LLC CR2E083 (10/03)

City & State Maitland, FL	City & State
Zip 32751	Country USA

4. FEI Number 59-3717541	Applied For Not Applicable
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6. Name and Address of Current Registered Agent WEISMANN, WILLIAM S 9851 SUGAR VIEW COURT ORLANDO, FL 32819	
7. Name and Address of New Registered Agent Name: Weismann, William S. Street Address (P.O. Box Number is Not Acceptable): 7851 Sugar View Ct. City: Orlando FL Zip Code: 32819	

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISMANN, WILLIAM S 7851 SUGAR VIEW COURT ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Weismann II, William S. 7851 Sugar View Ct. Orlando, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.

SIGNATURE: William S. Weismann 2-17-04 407-644-1298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/into Phone #