

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019216

Entity Name: UNIVERSAL MOTOR CREDIT LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

7601 CENTURION PARKWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7601 CENTURION PARKWAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3752217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLEOD, DEBORAH
7601 CENTURION PARKWAY
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

F & L CORP.
ONE INDEPENDANT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

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: CHARLES V HEDRICK, AUTHORIZED SIGNATORY

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROPPER, M S
Address: 10695 BEACH BLVD., SUITE 3
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HIGHLAND, J, MICHAEL
Address: 7601 CENTUTION PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Change (X) Addition
Name: CROPPER, M, STEVEN
Address: 7601 CENTURION PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

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: J MICHAEL HIGHLAND

MGRN

01/18/2006

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