## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 19, 2005 8:00 am Secretary of State

| DOCUMENT # L01000019690  1. Entity Name BUYER'S CHOICE AUTO SALES, LLC  |  |   |  |   | 04-19-2005 90018 042 ***150.00 |                          |                            | ).00                   |                                     |  |
|---|--|---|--|---|--------------------------------|--------------------------|----------------------------|------------------------|-------------------------------------|--|
| Principal Plac  | e of Business  | Mailing Address                         |  | 1   |                                | 2000                     |                            |                        |                                     |  |
| 821 SOUTH DIXIE<br>LAKE WORTH, FL 33460   |  | 821 SOUTH DIXIE<br>Lake Worth, FL 33460 |  |   | 20037759                       |                          |                            |                        |                                     |  |
|   |  |   |  | į   |                                |                          |                            |                        |                                     |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                      |  |   |                                |                          |                            |                        |                                     |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                     |  |   | 03092005                       | Chg-LLC                  | CR2E08                     | 33 (10/03)             |                                     |  |
| City & State  |  | City & State                            |  |   | 4. FEI Numbe<br>65-114         |                          |                            | —                      | oplied For<br>ot Applicable         |  |
| Zip   | Country  | Zip                                     | Country  | -   | _5Certificate                  | of Status Desired        |                            | 5.00 Add               |                                     |  |
|   | 6. Name and Address of Current   | Registered Agent                        | A 1  |   | 7. Name and                    | Address of New           | Registered A               | gent                   |                                     |  |
| FRANKISKAKIS, BETER AICHARDSON, CLYATT L. PA<br>2693 STARDOOD COURT<br>WEST PALM BEACH, FL 33406 (81 FORUM PLACE STE 3CO<br>WEST PALM BEACH, FL 33406 (81 FORUM PLACE STE 3CO<br>WEST PALM BEACH, FL 33406  |  |   |  | A Richardon Clyatt L. PA Street Address (P.O. Box Number is Not Acceptable) |                                |                          |                            |                        |                                     |  |
| WEST PALM BEACH, FL 33406(8) FORM PAGE STE 300 West Palm Boach, FL 33401  |  |   | 181 Forum Place, STE 300F  |   |                                |                          |                            |                        |                                     |  |
|   | •  |   |  | est i   | Palm Bea                       | ch                       | FL                         | Zip Code<br>33         | 40                                  |  |
| The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.  |  |   |  |   |                                | h, in the State of F     | lorida. I am fa            | amiliar with,          | and accept                          |  |
| SIGNATURE KGVIN AICHARDSON ESA 4-6-5 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |   |  |   |                                | :                        |                            |                        |                                     |  |
|   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: Re      | egistered Agent signati  | re required   | when reinstating)              |                          | DAIL                       |                        | ŀ                                   |  |
| Fi<br>D   | illing Fee is \$50.00<br>ue by May 1, 2005   | (NOTE: Re                               | egistered Agent signati  | vre required  | when reinstating)              |                          | ke check pa<br>la Departme |                        | <b>B</b>                            |  |
| Fi<br>D   | iling Fee is \$50.00   |   | egistered Agent signat   | ure required  | when reinstating)              | Florid                   | ke check pa                |                        | <b>B</b>                            |  |
| 9. TITLE NAME   | iling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMBE MGR FRANGISKAKIS  |   | 10.<br>TITLE<br>NAME   | Fran<br>26  | giskakis                       | ADDITIONS Spiro Rucod CT | ke check pa<br>la Departme |                        | Addition                            |  |
| 9.  | iling Fee is \$50.00<br>ue by May 1, 2005  MANAGING MEMBE  | RS/MANAGERS                             | 10.  | Fran<br>26  | giskakis                       | Florid                   | ke check pa<br>la Departme | nt of State            |                                     |  |
| 9. TITLE NAME STREET ADDRESS  | MGR FRANGISKAKIS, MENCE  MGS SOLCO  FRANGISKAKIS, MENCE  2693 STARWOOD COURT   | RS/MANAGERS                             | 10. TITLE NAME STREET ADDRESS  | Fran<br>26  | giskakis                       | ADDITIONS Spiro Rucod CT | ke check pa<br>la Departme | nt of State            |                                     |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | MGR SOLCO FRANGISKAKIS, 2693 STARWOOD COURT WEST PALM BEACH, FL 33406 MGRM   | RS/MANAGERS  Delete                     | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Fran<br>26  | giskakis                       | ADDITIONS Spiro Rucod CT | ke check pa<br>la Departme | Thange                 | Addition                            |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | MGR SOLCO FRANGISKAKIS, PETE 2693 STARWOOD COURT WEST PALM BEACH, FL 33406 MGRM FRANGISKAKIS, PETE 2693 STARWOOD COURT | RS/MANAGERS  Delete                     | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Fran<br>26  | giskakis                       | ADDITIONS Spiro Rucod CT | ke check pa<br>la Departme | ☐ Change               | Addition                            |  |
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11. I hereby certify that the information supplied with this filling 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 the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED FLOWS OF SIDNING SAMOUTING MEMBERSMANAGER, OR AUTHORIZED REPRESENTATIVE Date Degleme Proces &