

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90124 042 ****55.00

DOCUMENT # L01000021441

1. Entity Name

BUCHANAN DEALERSHIP DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

707 S. Washington Boulevard

3. Mailing Address

707 S. Washington Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Fl. 34236

City & State

Sarasota, Fl. 34236

4. FEI Number

65-1159038

Applied For

Not Applicable

Zip

34236

Country

Sarasota

Zip

34236

Country

Sarasota

5. Certificate of Status Desired

X

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

John E. Tosch

Street Address (P.O. Box Number is Not Acceptable)

707 S. Washington Boulevard

City

Sarasota,

FL

Zip Code

34236

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

John E. Tosch

04-23-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Vernon G. Buchanan 707 S. Washington Boulevard Sarasota, Fl. 34235	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV John E. Tosch 707 S. Washington Blvd. Sarasota, Fl. 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Salvatore Rosa 707 S. Washington Blvd. Sarasota, Fl. 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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:

Vernon G. Buchanan
Managing Member

941
3665230

04-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #