

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022182 1. Entity Name CONTEMPORARY AUTOMOTIVE, LLC	
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Principal Place of Business 1011 N ORLANDO AVE MAITLAND, FL 32751	Mailing Address 1011 N ORLANDO AVE MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



07132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0009771	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PATEL, KUNTESH C
1011 N ORLANDO AVE
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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 Kuntesh C Patel 7/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMING, SIMON A 2901 ELM STREET OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, KUNTESH C 1585 GLEN HAVEAN CIRCLE OCOCHEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM APPADU, MAHENDRA 5602 MERITMEAN CIRCLE 3306 PELL MELL DRIVE ORLANDO, FL 32818
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/22/04-80010-012 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kuntesh C Patel 7/19/04 407-647-6067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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IN THIS SPACE**