


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L02000000733</b><br>1. Entity Name<br>LITHIA BUSINESS PARTNERS, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>3109 LITHIA PINECREST ROAD<br>VALRICO, FL 33594 | Mailing Address<br>3109 LITHIA PINECREST ROAD<br>VALRICO, FL 33594 |
|--|--|



04132004 No Chg-LLC

CR2E083 (10/03)

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|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>80-0028991                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>SEFCIK, BRIAN S<br>2808 COMMONWEALTH AVENUE<br>VALRICO, FL 33594 |
|---|

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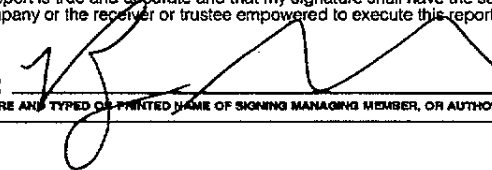
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|---|------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  | DATE _____ |

**Filing Fee is \$50.00  
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SEFCIK, BRIAN S<br>2808 COMMONWEALTH AVE<br>VALRICO, FL 33594 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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|---|---------------------|--------------------------------|
| 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. |                     |                                |
| <b>SIGNATURE:</b>    | 4-22-04             | 813/689-7161                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   | <small>Date</small> | <small>Daytime Phone #</small> |