

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013142

FILED
Jan 06, 2004
Secretary of State

Entity Name: STEMBRIDGE AUTO SALES, LLC

Current Principal Place of Business:

1339 S. DIXIE HWY
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1339 S. DIXIE HWY
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 06-1661213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEMBRIDGE, SHIRLEY L
32 BRIARVIEW LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STEMBRIDGE, SHIRLEY
Address: 32 BRIAR VUE LN
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: MCKAY, LARRY
Address: 32 BRIAR VUE LN
City-St-Zip: PALM COAST, FL 32137

Title: MGRI () Delete
Name: MCKAY, KEVIN
Address: 2061 SWAREZ AVE.
City-St-Zip: ST. PETERSBURG, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MCKAY, KEVIN
Address: 2061 SWAREZ AVE.
City-St-Zip: ST. PETERSBURG, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHIRLEY L. STEMBRIDGE

MGR

01/06/2004

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