
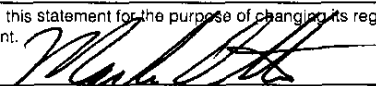
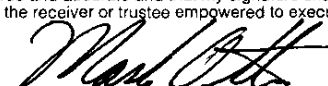


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90092 025 ****50.00

DOCUMENT # L02000014009 1. Entity Name O'STEEN AUTOMOTIVE GROUP OF GEORGIA, LLC					
Principal Place of Business 2314 CYPRESS MILL ROAD BRUNSWICK, GA 31520			Mailing Address 2525 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207		
2. Principal Place of Business 2525 Phillips Highway		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State			
Zip 32207		Country USA		4. FEI Number 32-0065230	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILAM & HOWARD, P.A. 50 NORTH LAURA STREET, SUITE 2900 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Mark O'Steen Street Address (P.O. Box Number is Not Acceptable) 2525 Phillips Highway City Jacksonville FL Zip Code 32207	
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  7/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, DAVID 2587 BAYOU RIDGE CT. ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'STEEN, THOMAS 4819 ORTEGA FOREST DR. JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'STEEN, MARK 4720 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'STEEN, HAROLD JR 3320 RIVERSIDE AVE. JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  7/7/04 904-396-5486 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					