

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

MAY 17 2005

FILED
05 MAY 10 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # L02000014009 1. Entity Name O'STEEN AUTOMOTIVE GROUP OF GEORGIA, LLC | | | |  | |
| Principal Place of Business 2525 PHILLIPS HWY JACKSONVILLE, FL 32202 | | | Mailing Address 2525 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 32-0065230 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent O'STEEN, MARK 2525 PHILLIPS HWY JACKSONVILLE, FL 32207 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| 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 | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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. | | | 900054750349 05/18/05--01062--006 **200.00 | | |
| SIGNATURE:  | | | Mark H. O'Steen 04/28/05 (904) 396-5486 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |