2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L02000017(ay pull-n-save auto pa			03-30-2005 9	00160 010 ****50	.00		
Principal Place of Business 3157 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114 Mailing Address 3157 W. INTERNATION DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114				-	· · · · · · · · · · · · · · · · · · ·			
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2. Principal Place of Business		3. Mailing Address 300 Fox Hollow Rd						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202005	Chg-LLC	CR2E083 (10/03)		
City & State		BINGHAM TON, New York		4. FEI Numb			oplied For	
Zip	Country	^{Zip} /3904	Country USA -	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New R	egistered Agent		
CORPORATION SERVICE COMPANY			Name					
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	е	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or re	egistered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	0.005						
		ınd tide it edd#icadie. (NU\E: N	Registered Agent signature	required when reinstating)		DATÉ		
	iling Fee is \$50.00 ue by May 1, 2005	nd toe it appacable. (NOTE:	Registered Agent signature	required when reinstating)		e check payable to a Department of State	e	
D	iling Fee is \$50.00 ue by May 1, 2005			required when reinstating)	Florida	e check payable to a Department of State	e	
	iling Fee is \$50.00		Registered Agent signature	required when reinstating)		e check payable to a Department of State	e Addition	
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9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM BEAGELL, GARY 300 FOX HOLLOW RD.	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	required when reinstating)	Florida	e check payable to a Department of State /CHANGES		
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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.