

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019076

FILED
Sep 08, 2004
Secretary of State

Entity Name: UNITED AUTOMOTIVE GROUP, LLC

Current Principal Place of Business:

1260 BELLE AVE.
212
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

1602 WHITE CLOUD CT..
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

1260 BELLE AVE.
212
WINTER SPRINGS, FL 32708 US

New Mailing Address:

1602 WHITE CLOUD CT.
212
WINTER SPRINGS, FL 32708 US

FEI Number: 11-3644373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIUPIK, JEFFREY S PRES
741 WILLOW DR.
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

CIUPIK, JAY J CEO
1602 WHITE CLOUD CT.
WINTER SPRINGS, FL 32708 US

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: JAY CIUPIK

09/08/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CIUPIK, JEFFREY S PRES
Address: 741 WILLOW DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: CIUPIK, JAY J CEO
Address: 1602 WHITE CLOUD CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

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

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

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: JAY CIUPIK

MGR

09/08/2004

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