


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90054 049 ****50.00

DOCUMENT # L02000026741					
1. Entity Name LIGHTHOUSE POINT AUTO INVESTORS I, LLC					
Principal Place of Business 5250 NORTH FEDERAL HWY POMPANO BEACH, FL 33064			Mailing Address 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062		
2. Principal Place of Business 4230 N. Federal Hwy.		3. Mailing Address 4250 N. Federal Hwy.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lighthouse Point, FL		City & State Lighthouse Point, FL		4. FEI Number 13-4215578	
Zip 33064		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 S ORANGE AVENUE STE. 1000 (JGH) ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 MGRM NAME PPS AUTO HOLDINGS, LLC. STREET ADDRESS 1000 N FEDERAL HWY CITY-ST-ZIP POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME 4250 N. Federal Hwy. STREET ADDRESS Lighthouse Point, FL CITY-ST-ZIP 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MGRM NAME JFL Equities, Inc. STREET ADDRESS 4250 N. Federal Hwy. CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE P-S NAME Philip P. Smith STREET ADDRESS 4250 N. Federal Hwy. CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP-AS-T-CFO NAME Michael R. Dayhoff STREET ADDRESS 4250 N. Federal Hwy. CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP NAME Jon F. Lutter STREET ADDRESS 4250 N. Federal Hwy. CITY-ST-ZIP Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Michael R. Dayhoff</i>			VP 4/27/05 (954) 867-1234		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					
MICHAEL R. DAYHOFF					