2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000028505

1. Entity Name

SIGNATURE:

CAPITAL AUTO TRACKING SYSTEMS, LLC



FILED Mar 18, 2003 8:00 am Secretary of State

03-18-2003 90154 017 ****50.00

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Ethe above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of largatered agent and to all applicable. POTE Registered Agent signature expand when enhancing) DATE Signature, typed or printed name of largatered agent and to all applicable. POTE Registered Agent signature expand when enhancing) DATE Signature, typed or printed name of largatered agent and to all applicable. POTE Registered Agent signature expand when enhancing) DATE Signature, typed or printed name of largatered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. I am familiar with, and separate agents with, and accept the spatial part of Forda. I am familiar with, and accept the spatial accept the part accept the spatial part of Forda. I am familiar with, and spatial accept the spatial part of Forda. I am familiar with, and spatial accept the part accept the spatial part of Forda. I am familiar with, and spatial accept the spatial part of Forda. I am familiar with, and spatial accept the part accept the spatial part of Forda. DATE	1601 NORTH PALM AVENUE, SUITE 310C					Street Address (P.O. Box Number is Not Acceptable)					
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE											
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Spraker, typed or printed name of mgistered agent and to in it applicable Change File NOW!!! FEE IS \$50.00		meno en regionarea agent.									
Make Check Payable to Florida Department of State Due By May 1, 2003	SIGNATURE	Signature, typed or printed name of	of registered agent and t	itle if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
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