2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000028537

1. Entity Name
WOODSTOCK CHRYSLER JEEP DODGE, L.L.C.



FILED Apr 17, 2006 08:00 Al Secretary of State

Principal Place of Business 11300 HIGHWAY 92 WOODSTOCK, GA 30188 Mailing Address 9207 ADAMO DR TAMPA, FL 33619



02052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1566245 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J ESQ. 791 WEST LUMSDEN RD. BRANDON, FL 33511

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| 8. | . The above named entity submits this statement for the purpose of changing its registered | office or registered agent, or both, in the S | itate of Florida. I am familiar with, and accept |
|----|--|---|--|
| | the obligations of registered agent. | 3 | |
| | | | |
| ~ | AN AT LINE | | |

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00

Due by May 1, 2006

TAMPA, FL 33619

U00000515059

04/29/06-80196-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM

NAME S. WOODS ENTERPRISES, INC.

STREET ADDRESS 9207 ADAMO DR

Signature, typed or printed name of registered agent and title if applicable

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY+ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TOTE

NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate any that my a gnature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or true seeing over ed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

-/

04/11/2006

Date

813.620.4300x201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #