


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90029 036 *****50.00

DOCUMENT # L02000030482	
1. Entity Name GLOBAL AUTOMOTIVE FINANCIAL SERVICES, L.L.C.	

Principal Place of Business 837 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	Mailing Address 837 E. NEW HAVEN AVENUE MELBOURNE, FL 32901
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 121207 Suite, Apt. #, etc.
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City & State W. MELBOURNE, FL	City & State W. MELBOURNE, FL
Zip 32912	Country BREWARD

6. Name and Address of Current Registered Agent BERTEL, FREDERICK 837 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	
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01212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 43-2002789	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

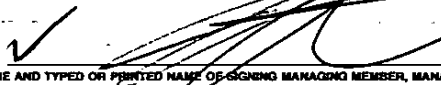
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent?

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERTEL, FREDERICK 140 3RD AVE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #