2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 29, 2008 08:00 AN Secretary of State DOCUMENT # L02000033485 1. Entity Name VINTAGE AUTOHOUSE, L.L.C. Principal Place of Business Mailing Address 3003 CARDINAL DRIVE 3003 CARDINAL DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principa: Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OFFUTT, HARRY C III Street Address (P.O. Box Number is Not Acceptable) 3003 CARDINAL DRIVE SUITE C VERO BEACH FL 32963 City 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. Lam familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if upplicable (NOTE: Registered Agent signature required when (costating) DATE FILE NOW!!! FEE IS \$138.75 Unnoco843942 03/12/08-80015-019 138.75 After May 1, 2008. Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ☐ Addition SCHUMANN, JOHN J JR NAME NAME STREET ADDRESS 8225 5TH STREET SW STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-Z/P TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete THILE Change Addition NAME NAMÉ STREET ADDRESS STREET ACIDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 path; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/26/05

Dayter e Pilving #

FILED