

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90013 008 ****50.00

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1. Entity Name



PALM HARBOR HONDA, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
31200 US HIGHWAY 19 N
Suite, Apt. #, etc.

3. Mailing Address
9207 ADAMO DRIVE EAST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
42-1566258

Applied For
Not Applicable

Zip
34684-3733

Country
USA

Zip
33619

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MCDERMOTT, MICHAEL J ESQ.

Street Address (P.O. Box Number is Not Acceptable)
791 WEST LUMSDEN ROAD

City
BRANDON FL Zip Code 33511

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

DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM S. WOODS ENTERPRISES INC 9207 ADAMO DRIVE EAST TAMPA, FLORIDA 33619	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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: S. L. Woods S. L. WOODS MARCH 25, 2003 813.620.4300
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #