

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002519

**FILED**  
**Feb 16, 2005**  
**Secretary of State**

**Entity Name:** HOTWHEELS AUTOMOTIVE GROUP, LLC

**Current Principal Place of Business:**

400 N. NOVA ROAD  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

517 MASON AVE  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

141 OVEROAKS PLACE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 11-3673513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET 4TH FL  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KELLER, ROBERT R  
Address: 141 OVEROAKS PL  
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete  
Name: COOK, WILLIAM F  
Address: 141 OVEROAKS PL  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: DAVIS, JAMES B  
Address: 7918 CORTLEIGH DR  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT R KELLER

MGRM

02/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date