

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90109 030 \*\*\*\*50.00

<b>DOCUMENT # L03000005743</b>					
<b>1. Entity Name</b> SUNCAR LSV, LLC					
<b>Principal Place of Business</b> 5510 HESPERIDES STREET TAMPA, FL 33614			<b>Mailing Address</b> 5510 HESPERIDES STREET TAMPA, FL 33614		
<b>2. Principal Place of Business</b> 6515 B ADAMO DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6708 E. 113TH AVENUE Suite, Apt. #, etc.			
<b>City &amp; State</b> TAMPA, FL		<b>City &amp; State</b> TEMPLE TERRACE, FL		07082005    Chg-LLC    CR2E083 (10/03)	
<b>Zip</b> 33619		<b>Country</b> US		<b>4. FEI Number</b> 13-4239094	
<b>Zip</b> 33617		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HAWKE, BRIAN H 5510 HESPERIDES STREET TAMPA, FL 33614			<b>7. Name and Address of New Registered Agent</b> Name: STEVEN M. RICHARDS Street Address (P.O. Box Number is Not Acceptable): 6515 B ADAMO DR City: TAMPA    FL    Zip Code: 33619		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR HAWKE, BRIAN H 6407 112TH AVENUE TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR STEVEN M. RICHARDS 6708 E. 113TH AVENUE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR HAWKE, STEPHEN A 10903 THERESA ARBOR DRIVE TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR DEBRA D. RICHARDS 6708 E. 113TH AVENUE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR COMMERCIAL & INDUSTRIAL VEHICLES, INC. 1605 SUN CITY CENTER PLAZA SUN CITY, FL 33573	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> STEVEN M. RICHARDS    x 7-14-05    813-924-1515					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					