2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Jul 08, 2004 8:00 am Secretary of State DOCUMENT # L03000007561 02-19-2004 90160 014 ****55.00 1. Entity Name AUTO DEALS, LLC Principal Place of Business Mailing Address 34009155 6315 BEACH BLVD PO BOX 16005 JACKSONVILLE, FL 32245 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For Not Applicable Zin Country Zip 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_4 FOUNTAIN, H.R. Street Address (P.O. Box Number is Not Acceptable) 4585 WINDING LN CALLAHAN, FL 32011 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Addition ☐ Change R FOUNTATIN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change . A MERSON NAME NAME ROOR WINDS DRIVE, N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF · Change Delete -TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 frue 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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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| 2. Principal Place of Br | usiness | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | Z 1 | Suite, Apt. #, etc. | | 01202004 | Chg-LLC CR2E08 | 3 (10/03) |
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| | ime and Address of Curren | | The state of the s | | | ee Required |
| FOUNTAIN, H.R. | | \ | Name | | | |
| 4585 WINDING LI CALLAHAN, FL | | | Street Addres | s (P.O. Box Numb | per is Not Acceptable) | |
| | • | | City | · | | Zip Code |
| 8. The above named of | entity submits this statement (| for the purpose of changing its | | tered agent, or be | FL. oth, in the State of Florida. I am fa | <u> </u> |
| the obligations of re | gistered agent. | | | | | |
| SIGNATURE Signature, t | yped or printed name of registered ager | nt and little if applicable. (NON | Registered Agent algosture requ | red when reinstating) | DATE | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | Make check pa | |
| 9. | , MANAGING MEMB | JERS/MANAGERS | 10. | Antigon | member | |
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FROM : PROFORCE USA

Attach ment

Jul. 02 2004 10:46AM P1



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Secretary of State
Clenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

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