

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007561

Entity Name: AUTO DEALS, LLC

FILED
Feb 03, 2005
Secretary of State

Current Principal Place of Business:

6315 BEACH BLVD
JACKSONVILLE, FL 32216

New Principal Place of Business:

11205 BEACH BOULEVARD
JACKSONVILLE, FL 32246

Current Mailing Address:

PO BOX 16005
JACKSONVILLE, FL 32245

New Mailing Address:

11205 BEACH BOULEVARD
JACKSONVILLE, FL 32246

FEI Number: 06-1677595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUNTAIN, H.R.
4585 WINDING LN
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

AMERSON, JAMES M
12462 HARBOR WINDS DRIVE, N.
JACKSONVILLE, FL 32225 US

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: JAMES M. AMERSON

02/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FOUNTAIN, H.R.
Address: 4585 WINDING LN
City-St-Zip: CALLAHAN, FL 32011

Title: MGRM () Delete
Name: AMERSON, JAMES M
Address: 12467 HARBOR WINDS DRIVE N
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: AMERSON, JAMES M
Address: 12462 HARBOR WINDS DRIVE N
City-St-Zip: JACKSONVILLE, FL 32225

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: JAMES M. AMERSON

MGRM

02/03/2005

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