2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 10 AM 10:30

DOCUMENT # L03000012830

1. Entity Name
CENTRAL FLORIDA AUTO BROKERS LLC

Principal Place of Business	Mailing Address
5300 S.ORANG BLOSSSOM TRAIL UNIT A ORLANDO, FL 32809	P.O. BOX 560936 ORLANDO, FL 32856

09082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 05-0564263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNOLD, MATHENY & EAGAN, P.A. 801 NORTH MAGNOLIA AVENUE, SUITE 201 ORLANDO, FL 32802	Name: AM&E Services LLC Street Address (P.O. Box Number is Not Acceptable): 605 East Robinson Street Suite 730 City: Orlando FL Zip Code: 32801

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: _____ , VP DATE: 10/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FOREMAN, ADELYN D MGRM P.O. BOX 560936 ORLANDO, FL 32856	☒ Delete	MGR Diane Foreman 5300 S. Orange Blossom Trail, Unit A Orlando, FL 32809	☒ Change ☐ Addition
		☐ Delete	900060450429 10/10/05--01063--004 **50.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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: Adelyn D. Foreman Adelyn Foreman, Mgr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #