
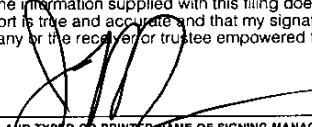


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 21 AM 9:50

DOCUMENT # L03000017702 1. Entity Name AUTOMOTIVE LAND HOLDINGS II, LLC					
Principal Place of Business 3900 WEST KENNEDY BOULEVARD TAMPA, FL 33609			Mailing Address 3900 WEST KENNEDY BOULEVARD TAMPA, FL 33609		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RECCHIO, AMY W 3900 WEST KENNEDY BOULEVARD TAMPA, FL 33609			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE	MGRM	
NAME	AUTOMOTIVE INVESTMENTS, LLC <input checked="" type="checkbox"/> Delete		NAME	MK Landings, LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	16007 N. FLORIDA AVE.		STREET ADDRESS	3900 W. Kennedy Boulevard	
CITY-ST-ZIP	TAMPA, FL 33549		CITY-ST-ZIP	Tampa, FL 33609	
TITLE	<input type="checkbox"/> Delete		TITLE	CEO/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Larry C. Morgan	
STREET ADDRESS			STREET ADDRESS	3900 W. Kennedy Boulevard	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33609	
TITLE	<input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Jason M. Kuhn	
STREET ADDRESS			STREET ADDRESS	3900 W. Kennedy Boulevard	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33609	
TITLE	<input type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Brett A. Morgan	
STREET ADDRESS			STREET ADDRESS	3900 W. Kennedy Boulevard	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33609	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Jason M. Kuhn, President of MK Landings, LLC			Date: 9/21/05 813-872-4841 <small>Daytime Phone #</small>		