

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90009 004 \*\*\*\*55.00

<b>DOCUMENT # L03000018142</b>					
<b>1. Entity Name</b> BOWLING GREEN DEALERSHIP, LLC					
<b>Principal Place of Business</b> 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236			<b>Mailing Address</b> 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TOSCH, JOHN E ESQ 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____		
<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. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> BUCHANAN, VERNON G 707 S. WASHINGTON BLVD SARASOTA, FL 34236 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	UPS John Tosch 707 S. WASHINGTON BLVD SARASOTA FL 34236 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 </div>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> NARVAEZ, CHRISTOPHER R 707 S. WASHINGTON BLVD SARASOTA, FL 34236 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete                 </div>		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	STEVE H. TERMAN 707 S. WASHINGTON BLVD SARASOTA FL 34236 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 </div>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CNT</b> SLATER, DENNIS 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236 <div style="text-align: right;"><input type="checkbox"/> Delete                 </div>		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete                 </div>		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: <b>2-8-06</b> Daytime Phone #: <b>911 552 4223</b>					