## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 21, 2004 8:00 am Secretary of State

Special Country   Zip   Country   Special Coun	1. Entity Name AUTO SALES ASSOCIATES, L.L.C.					04-21-200	4 90451 022 **	**50.00	
Suite. April #, etc.    Suite. April #, etc.   Suite. April #, etc.   Suite. April #, etc.   Suite. April #, etc.   A . FEI Number	P.O. BOX 7		P.O. BOX 7				£U£4	3113 ***	
City & State    City & State   City & City & State	2. Principal Pl	ace of Business	3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired   \$5.00 Authorises   \$5.00 Authorises   \$6.00 Autho	Suite, Apt. #, etc.		Suite, Apt. #, etc.		0414200	04 Chg-LLC	CR2E083 (10/0	03)	
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  NOMLES, CHARLES AGAR ROBERTS POINT ROAD SARASOTA, FL 34242  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Proida. I am formitter with, and accept the colligations of registered agent.  SignATURE  City  FL Zip Code  FL SignATURE City  City  FL Zip Code  FL SignATURE City  City  FL Zip Code  FL Make check payable to Fiorage Interest agent are seasonapy  City  FL Zip Code  FL Make check payable to Fiorage Interest agent are seasonapy  City  FL Make Check payable to Fiorage Interest agent are seasonapy  City  FL Make Check payable to Fiorage Interest agent are seasonapy  City  FL Make Check payable to Fiorage  City  FL Make Check payable to Fiorage Interest agent are seasonapy  City  FL Make Check payable to Fiorage Interest agent are seasonapy  City  FL Make Check payable to Fiorage Interest agent are seasonapy  City  FL Make C	City & State		City & State						
KNOWLES, CHARLES 4034 ROBERTS POINT ROAD SARASOTA, FL 34242  City  City  FL  Zip Code  Fl  And City  Fl  And City  Fl  And City  FL  ADDITIONS/CHANCES  City St-2P  City  ADDITIONS/CHANCES  City St-2P  City St-2P  City St-2P  City  ADDITIONS/CHANCES  City St-2P  City St-2P  City  ADDITIONS/CHANCES  City St-2P  City	Zip Country .		Zip Country			· · · · · · · · · · · · · · · · · · ·			
### Clay   File   Change   Cha		6. Name and Address of Current F	legistered Agent	Name	7. Name	and Address of New I	Registered Agent		
The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Speak or process form of implanted agent are titled it accidable.   POTE Represent Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the state of Rorida. I am familiar with, and accept the state of Rorida. I am familiar with, and accept the state of Rorida. I am familiar with, and accept the state of Rorida. I am familiar with, and accept the state of Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiar with, and accept the Rorida States. I am familiary company or the receiver of trusted excurses and the Rorida States. I am familiary company or the receiver of trusted excurses and the Rorida States. I am familiary company or the receiver	4034 ROBI	ERTS POINT ROAD	Street Address		dress (P.O. Box Nu	(P.O. Box Number is Not Acceptable)			
The obligations of registered agent.  SIGNATURE    SIGNATURE   Signature, hyped or preted name of registered agent and time if spoticiolis   (NOTE Registered Agent signature registed when refinitioning)   DATE		:	City				FL Zip (	Code	
Filling Fee is \$50.00 Due by May 1, 2004  Filling Fee is \$50.00 Due by May 1, 2004  Filling Fee is \$50.00 Due by May 1, 2004  Filling Fee is \$50.00 Due by May 1, 2004  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE MANAGINGS  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  Charles Knowles  40.34 Roberts Point Road STREET MONESS  CITY-ST-2P  Manager David S. Band STREET MONESS  CITY-ST-2P  TITLE MANE STREET ADDRESS  CITY-ST-2P  TITLE Debte  TITLE MANE STREET ADDRESS  CITY-ST-2P  TITLE MANE STREET ADDRESS  CITY			the purpose of changing its req	gistered office or r	egistered agent, or	both, in the State of F	Torida. I am familiar w	vith, and accept	
Filling Fee is \$50.00 Due by May 1, 2004    Filling Fee is \$50.00   Addition Fee in	SIGNATURE _	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Re	agistered Agent signature	e required when reinstating	)	DATE		
TITLE Change Charges Chowles  A034 Roberts Point Road  GIY-SI-2P  A04dition  A04dit	A.SF Fi	ling Fee is \$50.00 ue by May 1, 2004				Ma Floric	ke check payable la Department of S	to State	
NAME SITEET ADDRESS CITY-ST-ZIP TITLE NAME SITEMATICAL SITEMA	9.4	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	S/CHANGES		
Manager	NAME STREET ADDRESS	Charles Knowles 4034 Roberts Point	Road	NAME STREET ADDRESS			☐ Char	nge Addition	
TITLE   Delete   TITLE   Addition	NAME STREET ADDRESS	Manager David S. Band 240 S. Pineapple A	□ Delete ve., 10th Floor	NAME STREET ADDRESS			☐ Char	nge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY_ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indirection at this report is true and accurate and that my prignature shall have the parme legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.  Charles Knowles, Manager  (941) 349-6400	NAME STREET ADDRESS	. E and a new grade in the		NAME STREET ADDRESS			Char	nge 🔲 Addition	
NAME STREET ADDRESS CITY_ST-ZIP  TITLE NAME STREET ADDRESS CITY_ST-ZIP  TITLE NAME STREET ADDRESS CITY_ST-ZIP  11. Thereby 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 can this report is true and accurate and that my bignature shall have the zame 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.  Charles Knowles,  Manager  (941) 349–6400	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS			Char	nge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP  11. Thereby 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 and 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 808, Florida Statutes.  Charles Knowles,  Manager (941) 349–6400	NAME STREET ADDRESS		☐ Delate	NAME STREET ADDRESS			` Cha	nge Addition	
Charles Knowles, Manager (941) 349-6400	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			. ,	·:	
SIGNATURE (941) 349-6400	11, I hereby indicated limited lia	edify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee				7(3)(i), Florida Statutes oath; that I am a man rida Statutes.	s. I further certify that aging member or ma	the information nager of the	
	SIGNAT	URE:	N T N	lanager	•	Date	<u> </u>		