

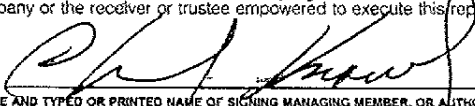


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

| | | | | | | |
|--|---|---|-----------------------------|-------------------------------|---|--|
| DOCUMENT # L03000020473 | |  | | | | |
| 1. Entity Name AUTO FINANCING ASSOCIATES, L.L.C. | | | | | | |
| Principal Place of Business 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 | Mailing Address P O BOX 5668 SARASOTA, FL 34277 |  01172007 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 43-2018052</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table> | 4. FEI Number 43-2018052 | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 4. FEI Number 43-2018052 | Applied For Not Applicable | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 6. Name and Address of Current Registered Agent BAND, DAVID S 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | | |
| TITLE | MGR | <div style="font-family: monospace; font-size: 1.2em;">U00000613628 02/05/07-80045-019 50.00</div> DO NOT WRITE IN THIS SPACE | | | | |
| NAME | CAK PROPERTIES, INC. | | | | | |
| STREET ADDRESS | 4030 ROBERTS POINT ROAD | | | | | |
| CITY - ST - ZIP | SARASOTA, FL 34242 | | | | | |
| TITLE | MGR | | | | | |
| NAME | BAND, DAVID S | | | | | |
| STREET ADDRESS | 240 S. PINEAPPLE AVENUE, 10TH FL. | | | | | |
| CITY - ST - ZIP | SARASOTA, FL 34236 | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | |
| TITLE | | | | | | |
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| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | |
| 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. | | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | |
| | | 1/22/07 941-349-6400 <small>Date Daytime Phone #</small> | | | | |