


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90031 001 \*\*\*\*50.00


<b>DOCUMENT # L03000026520</b>	
1. Entity Name <b>B &amp; W AUTO SALES LLC</b>	

Principal Place of Business <b>100 SECOND AVE. SOUTH SUITE 901S ST. PETERSBURG, FL 33701</b>	Mailing Address <b>100 SECOND AVE. SOUTH SUITE 901S ST. PETERSBURG, FL 33701</b>
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2. Principal Place of Business - No P.O. Box # <b>31 BEACH DRIVE SE</b>	3. Mailing Address <b>31 BEACH DRIVE SE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST PETERSBURG FL</b>	City & State <b>ST PETERSBURG FL</b>
Zip <b>33701</b>	Country <b>US</b>

**20008604**



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0107211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SPECTOR GADON &amp; ROSE, LLP 360 CENTRAL AVENUE STE 1550 ST. PETERSBURG, FL 33701</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

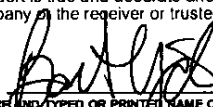
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYATT, BART SUITE 901S, 100 SECOND AVE. SOUTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYATT, BART 31 BEACH DRIVE SE ST. PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **BART WYATT MGR** **4/16/07** **787-822-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #