


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037718 1. Entity Name AUTOMALL, LLC	
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Principal Place of Business 703 NEWPORT AVE. TAMPA, FL 33606	Mailing Address 703 NEWPORT AVE. TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



05172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0383128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BANKER, P.A.
C/O HUNTER J. BROWNLEE
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602

**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 _____ Signature, typed or printed name of registered agent and title if applicable **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

**Filing Fee is \$50.00
Due by September 7, 2005**

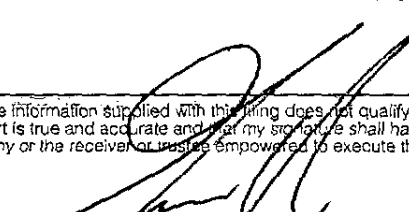
000000368893
06/02/05 00005 010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BALAREO, GREG 703 NEWPORT AVE TAMPA, FL 33606
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **5-28-05**

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