

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039535

FILED
Feb 11, 2005
Secretary of State

Entity Name: FLORIDA LATIN AUTO DEALER ASSOCIATION L.L.C.

Current Principal Place of Business:

1515 NW 167TH STREET
SUITE 5-205
MIAMI, FL 33169 US

New Principal Place of Business:

9200 N W 77TH AVE
SUITE 25
MIAMI, FL 33016 US

Current Mailing Address:

1515 NW 167TH STREET
SUITE 5-205
MIAMI, FL 33169 US

New Mailing Address:

9200 N W 77TH AVE
SUITE 25
MIAMI, FL 33016 US

FEI Number: 20-0308701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, M
1515 NW 167TH STREET
SUITE 5-205
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

GARCIA, M
9200 N W 77TH AVE
SUITE 25
MIAMI, FL 33016 US

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.

SIGNATURE: MARLENE GARCIA

02/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GARCIA, MARLENE
Address: 1515 NW 167TH STREET
City-St-Zip: MIAMI, FL 33169 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: GARCIA, ROBERTO
Address: 1515 NW 167TH STREET
City-St-Zip: MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARLENE GARCIA

MGRM

02/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date