## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 21, 2005 08:00 AM Secretary of State

| DOCUMENT # L0300050867  1. Entity Name JAMES TOYOTA , LLC   |  |        | Sec      | retary of State  |   |  |
|---|--|--------|----------|--|---|--|
| Principal Place of Business Mailing Address 7509 BRANCH STREET 7509 BRANCH STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024   |  |        |          | THE RESERVED TO SERVED A STREET THE SERVED S                                   |   |  |
| E   | O NOT WRITE IN   |        | CE       | 01082005No Chg-LLC  4. FEI Number 20-0466235  5. Certificate of Status Desired | CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional Fee Required |  |
| TOYOTA,<br>7509 BRAI<br>HOLLYWO   |  |        |          | DO NOT W   | 1   |  |
| 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: |  |        |          |  |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  |        |          | 03/21/05-80074-016 50.00   |   |  |
| 9.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP   | MANAGING MEMBERS/MAI<br>MGRM<br>TOYOTA, JAMES R<br>7509 BRANCH ST<br>HOLLYWOOD, FL 33024 | VAGERS |          |  |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |        | <u> </u> | 4000 <u>- 1000 - 1000 - 1000 - 1000 - 1000</u>                                 |   |  |
| TITLE HAME STHEET ADDRESS CRY-ST-ZIP  |  |        |          | DO NOT W   | ł   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |        |          | IN THIS SF   | ACE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |        |          |  | •   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZP  |  |        |          |  |   |  |
| 11. I hereby 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 indicated on this report is true and accordate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.   |  |        |          |  |   |  |

NG MANAGENG MEMBER, OR AUTHORIZED REPRESENTATIVE