

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057023

FILED
Apr 30, 2006
Secretary of State

Entity Name: AROCA CAR WHOLESALERS, L.L.C.

Current Principal Place of Business:

3100 NW 27TH AVENUE, BAY 4
MIAMI, FL 33142

New Principal Place of Business:

3510 NW 36TH STREET
MIAMI, FL 33142

Current Mailing Address:

3100 NW 27TH AVENUE, BAY 4
MIAMI, FL 33142

New Mailing Address:

3510 NW 36TH STREET
MIAMI, FL 33142

FEI Number: 20-0697702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, ROBERT
101 N. STATE ROAD #7
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

GONZALEZ, ROBERT
101 N. STATE ROAD #7, SUITE 119
MARGATE, FL 33063 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:

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, ROBERT
Address: 101 N. STATE ROAD #7
City-St-Zip: MARGATE, FL 33063

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GONZALEZ, ROBERT
Address: 101 N. STATE ROAD #7, SUITE 119
City-St-Zip: MARGATE, FL 33063

Title: P () Change (X) Addition
Name: GONZALEZ, CARLOS
Address: 3510 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT GONZALEZ

MGR

04/30/2006

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