2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2007
Secretary of State

DOCUMENT# L04000005783

Entity Name: FLORIDA CARS OF FLORIDA, LLC

Current Principal Place of Business:

6028 CHESTER AVE.
203
JACKSONVILLE, FL 32217

New Principal Place of Business:

9005 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

Current Mailing Address:

6028 CHESTER AVE.
203
JACKSONVILLE, FL 32217

New Mailing Address:

9005 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

FEI Number: 20-0140598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAGLE, PETER F
11559 HALETHORPE DRIVE
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CAGLE, PETER F
Address: 11559 HALETHORPE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM ( ) Delete
Name: FITZPATRICK, LEO J JR.
Address: 3721 MARIANNA RD.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PETER CAGLE MGRM 07/17/2007

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