2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OR

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # L04000011645** 04-29-2005 90066 031 ****50.00 CELÉBRITY AUTO ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 1991 MAIN STREET, STE. 183 1991 MAIN STREET, STE. 183 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address 1991 Main Street 1991 Main Street Suite Apt # etc. Suite, Apt, #, etc. Box 183 04042005 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Sarasota, FL 20-0726414 Sarasota, FL Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 34236 34236 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Breunich, Gregory C. BREUNICH, GREGORY C Street Address (P.O. Box Number is Not Acceptable) 1991 Main Street 1991 MAIN STREET, STE. 183 Main Street SARASOTA, FL 34236 Box 183 Zip Code34236 City Sarasota 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 tamiliar with, and accept the obligations of registered agent Gregory C. Breunich (NOTE: Registered Agent signature re red agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MGR TITLE TITLE K Change ☐ Addition □ Delete Breunich, Gregory C. Breunich, Gregory C. NAME NAME 1991 Main Street, Ste. 183 STREET ADDRESS STREET ADDRESS 1991 Main Street, Box 183 CITY-ST-ZIP Sarasota, FL 34236 CITY-ST-ZIP Sarasota, FL 34236 ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE Delete Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 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.

Gregory C. Breunich, Manager

THE OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #