


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90070 027 ****50.00

DOCUMENT # L04000021315

1. Entity Name
BAVARIAN AUTO WORLD OF FLORIDA, LLC



Principal Place of Business
4300 N UNIVERSITY DRIVE, B-200
FT LAUDERDALE, FL 33351

Mailing Address
4300 N UNIVERSITY DRIVE, B-200
FT LAUDERDALE, FL 33351

20014605



2. Principal Place of Business
370 S. DIXIE HIGHWAY
-Suite, Apt. #: etc.-

3. Mailing Address
370 S. DIXIE HIGHWAY
-Suite, Apt. #: etc.-

02142005 Chg-LLC CR2E083 (10/03)

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL.

4. FEI Number
75-3148120

Applied For
 Not Applicable

Zip
33133

Country

Zip
33133

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DANIELS, LISA L ESQ
4300 N. UNIVERSITY DRIVE, B-200
FT LAUDERDALE, FL 33351

7. Name and Address of New Registered Agent
Name
ZUBIZARRETA, ROLANDO
Street Address (P.O. Box Number is Not Acceptable)
11009 NW 43 LANE
City
DORAL FL Zip Code
33178

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M ZUBIZARRETA, ROLANDO 11009 NW 43 LANE DORAL, FL. 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GOMEZ RUIZ, ALFREDO 536 MISTY OAKS DRIVE POMPANO BEACH, FL. 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KAHN, ALFREDO ENRIQUE 2651 CENTER COURT DR. WESTON, FL. 33332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  ROLANDO ZUBIZARRETA, MGR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #