


Amended

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -3 AM 9:59

DOCUMENT # L04000021315				
1. Entity Name BAVARIAN AUTO WORLD OF FLORIDA, LLC				
Principal Place of Business 370 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33133		Mailing Address 370 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33133		
2. Principal Place of Business <i>1390 Brickell Ave.</i>		3. Mailing Address <i>1390 Brickell Ave.</i>		
Suite, Apt. #, etc. <i>Suite 200</i>		Suite, Apt. #, etc. <i>Suite 200</i>		
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>		
Zip <i>33131</i>	Country <i>US</i>	Zip <i>33131</i>	Country <i>US</i>	4. FEI Number <i>75-3148120</i>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent ZUBIZARRETA, ROLANDO 370 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33133			7. Name and Address of New Registered Agent Name <i>Alvaro Castillo B., P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1390 Brickell Ave., Suite 200</i> City <i>Miami</i> FL Zip Code <i>33131</i>	
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 <i>[Signature]</i>			DATE <i>7-30-06</i>	
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUBIZARRETA, ROLANDO 370 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>800078528358</i> <i>08/09/06--01050--010 **50.00</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAVIESO PASSOS, ALFREDO 370 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>German R. Kann Vegas</i> <i>1390 Brickell Ave., Suite 200</i> <i>Miami, FL 33131</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHN, ALFREDO E 370 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Alfredo E. Kann Aguilar</i> <i>1390 Brickell Ave., Suite 200</i> <i>Miami, FL 33131</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Juan A. Brugada</i> <i>1390 Brickell Ave., Suite 200</i> <i>Miami, FL 33131</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: <i>[Signature]</i> <i>German Kann</i>			DATE: <i>7-30-06</i> 305271-5540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				