

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90227 003 ****55.00

DOCUMENT # L04000032243

1. Entity Name
UNIVERSAL MOTORS OF CENTRAL FLORIDA, LLC



Principal Place of Business Mailing Address
4771 SAND LAKE RD **7575 DR PHILLIPS BLVD SUITE 270**
STE B **ORLANDO, FL 32819**
ORLANDO, FL 32819

00032740

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-1126387 Not Applicable

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

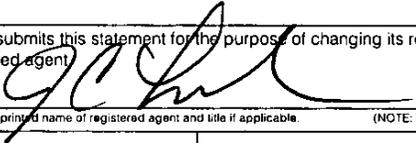
6. Name and Address of Current Registered Agent

MILLER, SOUTH, MILHAUSEN & CARR, P.A.
C/O RICHARD D. BAXTER, ESQ
2699 LEE RD, STE 120
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name **CRAIG J. LYNCH**
 Street Address (P.O. Box Number is Not Acceptable)
7575 Dr. PHILLIPS BLVD STE 270
 City **ORLANDO** FL Zip Code **32819**

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: **4/5/07**

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, J. CRAIG <input type="checkbox"/> Delete 7575 DR PHILLIPS BLVD, STE 210 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PAPALINI, ERIC <input type="checkbox"/> Delete 7575 DR PHILLIPS BLVD, STE 210 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MCDONALD, ROBERT <input type="checkbox"/> Delete 4771 SAND LAKE RD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
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
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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:  DATE: **4/5/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #