2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

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DOCUMENT # L04000032243 1. Entity Name UNIVERSAL MOTORS OF CENTRAL FLORIDA, LLC					04-16-200	8 90115 050 ***		
Principal Plac	e of Business	Mailing Address				500036	IT	
4771 SAND	LAKE RD	7575 DR PHILLIPS BLV	/D SUITE 270					
STE B Orlando, Fi	L 32819	ORLANDO, FL 32819		1 100 110 11	II. Baiki birlik pokk bokk bok	 		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252008	Chg-LLC	CR2E083 (12/06))	
City & State		City & State		I	4. FEI Number Applied For			
Zip	Country .	Zip	Country	20-112 5. Certificate	e of Status Desired	\$5.00 Ac		
	6. Name and Address of Current	Registered Agent	<u> </u>	7 Name and	d Address of New F	Fee Requir	90	
	V. Hallia and Addings of Garione	Trogistorou Agont	Name	7. 1461110 6111	a Addition of 110W 1	registered Agent		
LYNCH, C			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	PHILIPS BLVD STE 270 D. FL 32819			31033 (1 :O: Box 14011)				
	,							
			City			FL Zip Co	de	
	e named entity submits this statement for	or the purpose of changing its	registered office or re	egistered agent, or be	oth, in the State of Fi	orida. I am familiar with	, and accept	
CIONATURE	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signature	required when reinstating)		DATE	···-	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State			
9.					ADDITIONS			
	MANAGING MEMBI		10.		ADDITIONS	/CHANGES		
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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: Cynthia Tuoco Cynthia Tuoco 2/25/08 (407) 581-5690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dail Daylore Proper