


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90054 048 \*\*\*\*50.00

<b>DOCUMENT # L04000034516</b>	
1. Entity Name <b>NAPLES AUTO INVESTORS I, LLC</b>	

Principal Place of Business <b>1000 NORTH FEDERAL HIGHWAY POMPAHO BEACH, FL 33306-2</b>	Mailing Address <b>1000 NORTH FEDERAL HIGHWAY POMPAHO BEACH, FL 33306-2</b>
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**20051353**



2. Principal Place of Business <b>4250 N. Federal Hwy.</b>	3. Mailing Address <b>4250 N. Federal Hwy.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Lighthouse Point, FL</b>	City & State <b>Lighthouse Point, FL</b>
Zip	Country

01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>26-0085337</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVENUE SUITE 1000 (JGH) ORLANDO, FL 32801-5403</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PPS Auto Holdings, LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JFL Equities, Inc. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM-VP Ric Gregson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Williams Automotive Group <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-S Philip P. Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-AS-T-CFO Michael R. Dayhoff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064

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:** Michael R. Dayhoff **VP** 4/27/05 **(954) 867-1234**

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

Date

Daytime Phone #

**MICHAEL R. DAYHOFF**

ATTACHMENT

20151353

2005 Limited Liability Company Annual Report  
for

Naples Auto Investors I, LLC  
Document #L04000034516

Block 10: Additions/Changes to Managing Members/Managers in Block 9

Title	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Jon F. Lutter		
Street Address	4250 N. Federal Hwy.		
City-ST-Zip	Lighthouse Point, FL 33064		

Title	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	John I. Williams		
Street Address	4250 N. Federal Hwy.		
City-ST-Zip	Lighthouse Point, FL 33064		