


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90039 006 ****50.00

DOCUMENT # L04000034516					
1. Entity Name NAPLES AUTO INVESTORS I, LLC					
Principal Place of Business 1472 AIRPORT RD S. NAPLES, FL 34104			Mailing Address 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33308-2		
2. Principal Place of Business - No P.O. Box # 4250 N. Federal Hwy.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lighthouse Point, FL			City & State		
Zip 33064		Country		Zip 33064	
Country		4. FEI Number 26-0085337			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVENUE SUITE 1000 (JGH) ORLANDO, FL 32801-5403			7. Name and Address of New Registered Agent 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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PPS AUTO HOLDINGS, LLC <input type="checkbox"/> Delete 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JFL EQUITIES, INC <input checked="" type="checkbox"/> Delete 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PPS Auto Properties, 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	VP LUTTER, JON <input checked="" type="checkbox"/> Delete 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMS, JOHN I <input checked="" type="checkbox"/> Delete 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SMITH, PHILLIPS P <input type="checkbox"/> Delete 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Smith, Philip P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO DAYHOFF, MICHAEL R <input type="checkbox"/> Delete 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO, V, S, T <input checked="" 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: <u>Michael R Dayhoff</u>			Michael R. Dayhoff 4/22/07 954-867-1234		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		