


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**


01-23-2006 90140 001 \*\*\*\*50.00

<b>DOCUMENT # L04000041336</b>	
1. Entity Name <b>SELECT AUTOMOTIVE MANAGEMENT, LLC</b>	

Principal Place of Business <b>9040 TOWNCENTER PKW 207 BRADENTON, FL 34202</b>	Mailing Address <b>J. RUSSELL COLKITT 3118 DICK WILSON SR SARASOTA, FL 34240</b>
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2. Principal Place of Business <b>722 APex Rd</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite A</b>	Suite, Apt. #, etc.
City & State <b>Sarasota FL</b>	City & State
Zip <b>34240</b>	Country <b>USA</b>

**20002000**



01142006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1200338</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>COLKITT, J. RUSSELL 3118 DICK WILSON DR SARASOTA, FL 34240</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SELECT AUTOMOTIVE CAPITOL 3118 DICK WILSON DR SARASOTA, FL 34240</b> <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
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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:** *Joanne Russell* **M.M. 1-17-06 941-724-0335**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #