


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90206 027 \*\*\*\*50.00

<b>DOCUMENT # L04000044211</b>					
<b>1. Entity Name</b> ZACK MOTORS, LLC					
<b>Principal Place of Business</b> C/O CRAIG ZINN AUTOMOTIVE GROUP 2300 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021			<b>Mailing Address</b> C/O CRAIG ZINN AUTOMOTIVE GROUP 2300 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 55-0877703	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ALTOMARE, ROBERT G C/O CRAIG ZINN AUTOMOTIVE GROUP 2300 NORTH STATE RD 7 HOLLYWOOD, FL 33021			<b>7. Name and Address of New Registered Agent</b>  Name: Alan N. Jockers, Esquire Street Address (P.O. Box Number is Not Acceptable): 2300 North State Road 7 City: Hollywood FL Zip Code: 33021		
<b>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.</b>  SIGNATURE: <i>[Signature]</i> <i>Alan N. Jockers</i> <i>2/1/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZINN, CRAIG M 2300 N STATE ROAD 7 HOLLYWOOD, FL 33021	<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	S PARKE, PATRICIA A 2300 N STATE ROAD 7 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <i>2/1/07</i> Daytime Phone #: <i>954 967 4111</i>	
PATRICIA PARKE					