2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 03, 2006 08:00 AM Secretary of State DOCUMENT # L04000048425 1. Entity Name SELECT AUTOMOTIVE GROUP, LLC Principal Place of Business Mailing Address 416 1/2 NORTH ORANGE AVENUE 2578 ENTERPRISE RD. DELAND FL 32720 ORANGE CITY FL 32763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-1401473 Not Applicat Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRINKLEY, KEVIN T Street Address (P.O. Box Number is Not Acceptable) 2578 ENTÉRPRISE RD #125 **ORANGE CITY FL 32763** 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Delete TITLE ☐ Change Artin NAME BRINKLEY, KEVIN T NAME STREET ADDRESS 2578 ENTERPRISE RD #125 STREET ADDRESS CITY-ST-ZIP **ORANGE CITY FL 32763** CITY - ST - ZIP TITLE ☐ Delete Adir... MGR TITLE Change U00000562497 05/19/06-80055-003 50.00 NAME BRINKLEY, HENRY G III NAME STREET ADDRESS 1293 WEST WELLINGTON DR. STREET ADDRESS CITY-ST-ZIP DELTONA FL 32725 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Arriv: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change □ Additid NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Delete TITEE Chance Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP A.r.r TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that our 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 of trustee this were to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

4/20/06

386-147-8767

FILED