


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

03-23-2006 90256 035 \*\*\*\*55.00

**DOCUMENT # L04000053010**

1. Entity Name  
**BLACK MOUNTAIN FORD, LLC**



Principal Place of Business  
**707 SOUTH WASHINGTON BOULEVARD  
 SARASOTA, FL 34236**

Mailing Address  
**707 SOUTH WASHINGTON BOULEVARD  
 SARASOTA, FL 34236**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number  
**04-3795907**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TOSCH, JOHN E ESQ  
 707 SOUTH WASHINGTON BOULEVARD  
 SARASOTA, FL 34236**

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 \_\_\_\_\_

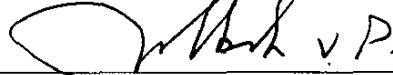
**Filing Fee is \$50.00  
 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHANAN, VERN <input type="checkbox"/> Delete 7075 WASHINGTON BLVD SARASOTA, FL 34226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NARVREZ, CHRIS <input checked="" type="checkbox"/> Delete 707 S WASHINGTON BLVD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNT SLATER, DENNIS <input type="checkbox"/> Delete 707 S WASHINGTON BLVD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPL JOHN TOSCH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 707 S. WASHINGTON Blvd SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVE HATSMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 707 S. WASHINGTON Blvd SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPL JAMES GALUSZKA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 304 BLACK MOUNTAIN AVE BLACK MOUNTAIN NC 28711
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:**  **2-18-06** **941 552 9223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #