2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053103

Entity Name: BLACK MOUNTAIN CHEVROLET, LLC

FILED Apr 16, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

304 BLACK MOUNTAIN AVENUE 306 BLACK MOUNTAIN AVENUE BLACK MOUNTAIN, NC 28711 BLACK MOUNTAIN, NC 28711

Current Mailing Address: New Mailing Address:

P.O. BOX 880 P.O. BOX 879

BLACK MOUNTAIN, NC 28711 BLACK MOUNTAIN, NC 28711

FEI Number: 54-2156560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLATER, DENNIS B 15908 MCGLAMERY ROAD ODESSA, FL 33556 US

MANAGING MEMBERS/MANAGERS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Electronic dignature of registered rigent

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: BUCHANAN, VERN Name: GALUSZKA, JAMES Address: 707 S WASHINGTON BLVD Address: 304 BLACK MOUNTAIN AVE

Address: 707 S WASHINGTON BLVD Address: 304 BLACK MOUNTAIN AVE City-St-Zip: SARASOTA, FL 34236 City-St-Zip: BLACK MOUNTAIN, NC 28711

 Name:
 HITMAN, STEVE
 Name:
 WARREN, JAMES C

 Address:
 707 SOUTH WASHINGTON BLVD
 Address:
 304 BLACK MOUNTAIN AVE

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 BLACK MOUNTAIN, NC 28711

Title: C (X) Delete Title: () Change () Addition

 Name:
 SLATER, DENNIS
 Name:

 Address:
 707 S WASHINGTON BLVD
 Address:

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:

Title: VPS (X) Delete Title: () Change () Addition

 Name:
 TESCH, JOHN
 Name:

 Address:
 707 S WASHINGTON BLVD
 Address:

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 GALUSZKY, JAMES
 Name:

 Address:
 304 BLACK MOUNTAIN AVE
 Address:

 City-St-Zip:
 BLACK MOUNTAIN, NC 28711
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES GALUSZKA MGRM 04/16/2007