

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057950

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: VEHICLE FINANCING ENTERPRISES, L.L.C.

## Current Principal Place of Business:

8961 CONFERENCE DRIVE  
SUITE # 2  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

14030 METROPOLIS AVE  
SUITE 200  
FORT MYERS, FL 33912 US

## Current Mailing Address:

8961 CONFERENCE DRIVE  
SUITE # 2  
FORT MYERS, FL 33919 US

## New Mailing Address:

14030 METROPOLIS AVE  
SUITE 200  
FORT MYERS, FL 33912 US

FEI Number: 20-1455060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STROEMER, JOHN H  
8961 CONFERENCE DRIVE  
SUITE #2  
FORT MYERS, FL FL US

## Name and Address of New Registered Agent:

STROEMER, JOHN H  
14030 METROPOLIS AVE  
SUITE 200  
FORT MYERS, FL FL US

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: JOHN STROEMER

03/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: STROEMER, JOHN H  
Address: 8961 CONFERENCE DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: STROEMER, JOHN H  
Address: 14030 METROPOLIS AVE STE 200  
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify 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: JOHN STROEMER

MGR

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date