


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-11-2005 90043 006 ****50.00

DOCUMENT # L04000058680					
1. Entity Name ADVANT MOTORS OF FORT LAUDERDALE, LLC					
Principal Place of Business 3 CHRISTY DRIVE, SUITE 201 THE CHADDS FORD BUSINESS COMPLEX CHADDS FORD, PA 19137			Mailing Address 3 CHRISTY DRIVE, SUITE 201 THE CHADDS FORD BUSINESS COMPLEX CHADDS FORD, PA 19137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEJ Number 47-0951757	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 renewing) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MANAGING MANAGER <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	222 HOLDING INC.	NAME			
STREET ADDRESS	100 HAWLEY BLDG. 341 SILVERSPRING RD.	STREET ADDRESS			
CITY - ST - ZIP	WILMINGTON, DE 19810	CITY - ST - ZIP			
TITLE	MANAGING MEMBER <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHAEL C. RITTER	NAME			
STREET ADDRESS	40 BULLOCK RD.	STREET ADDRESS			
CITY - ST - ZIP	CHADDS FORD, PA 19317	CITY - ST - ZIP			
TITLE	MANAGING MEMBER <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS R. STILLMAN	NAME			
STREET ADDRESS	18 THOMAS SPARKMAN ALIVE	STREET ADDRESS			
CITY - ST - ZIP	GLENN MILLS, PA 19342	CITY - ST - ZIP			
TITLE	MANAGING MEMBER <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNETH J. SICINSKI	NAME			
STREET ADDRESS	10 SUGAR MILL COURT	STREET ADDRESS			
CITY - ST - ZIP	SEWELL, NJ 08080	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Kenneth J. Sicinski</i> 7/5/05 610-717-1911					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



ATTACHMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

30610716

July 13, 2005

ADVANT MOTORS OF WEST PALM BEACH, LLC
3 CHRISTY DRIVE, SUITE 201
THE CHADDS FORD BUSINESS COMPLEX
CHADDS FORD, PA 19137

Subject: ~~ADVANT MOTORS OF FORT LAUDERDALE, LLC~~

Reference Number: L04000058680

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION