2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000068031

1. Entity Name
AUTO MUNDIAL DISTRIBUTORS, LLC

Principal Place of Business	Mailing Address
815 PONCE DE LEON BLVD., SUITE P-201 CORAL GABLES, FL 33134	815 PONCE DE LEON BLVD., SUITE P-201 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
32-0130167
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANGSTADT, OLIVER J ESQ
815 PONCE DE LEON BLVD., SUITE P-201
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SEGAL, NIKOLA
STREET ADDRESS	17150 NORTH BAY ROAD
CITY-ST-ZIP	SUNNY ISLE, FL 33160
TITLE	MGR
NAME	ORLOV, VLADIMIR
STREET ADDRESS	1000 WEST AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80062-021 50.00

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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: _____ VLADIMIR ORLOV 2-3-06 (305)921-0721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #