

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069489

FILED
Apr 10, 2009
Secretary of State

Entity Name: SUMMIT AUTOMOTIVE GROUP, LLC

Current Principal Place of Business:

3333 NORTH MAIN ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

10920 BAYMEADOWS ROAD
SUITE 185
JACKSONVILLE, FL 32256

Current Mailing Address:

3333 N. MAIN ST.
JACKSONVILLE, FL 32206

New Mailing Address:

10920 BAYMEADOWS ROAD
SUITE 185
JACKSONVILLE, FL 32256

FEI Number: 65-1236964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYLE, LEPHART
3333 N. MAIN ST.
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

ERIC, KHAZRAVAN
10920 BAYMEADOWS ROAD
SUITE 185
JACKSONVILLE, FL 32256 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: ERIC KHAZRAVAN

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAZRAN, SAM
Address: 3333 N. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGR () Delete
Name: FARRID, JOSH
Address: 3333 N. MAIN ST.
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ERIC, KHAZRAVAN
Address: 10920 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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: SAM KAZRAN

MGRM

04/10/2009

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