2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

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FILED

May 09, 2006 8:00 am Secretary of State

Daytime Phone #

05-09-2006 90008 018 ****55.00 GERMAN'S AUTO CENTER, LLC. じじゅいをりつ Mailing Address Principal Place of Business 5252 E. COLONIAL DR 32807 5252 E. COLONIAL DR 32807 ORLANDO, FL 32807 US ORLANDO, FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-1769169 City & State City & State **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRA, HERNAN A. 5252 E.COLONIAL DR 32807 Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32807 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITI F ☐ Detete TITLE ☐ Change ☐ Addition CASTIBLANCO, BRENDA NAME NAME STREET ADDRESS 5252 E.COLONIAL DR STREET ADDRESS ORLANDO, FL 32807 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE