


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

| | | |
|---|---|---|
| DOCUMENT # L04000083348 | |  |
| 1. Entity Name PROSTAR MERCEDES-BMW SERVICE & REPAIR, LLC | | |
| Principal Place of Business 340 E. DAVIS BOULEVARD TAMPA, FL 33606 | | Mailing Address 3003 WEST MEADOW AVE. TAMPA, FL 33611 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent COKER, EDWARD A 3003 WEST MEADOW AVE. TAMPA, FL 33611 | | DO NOT WRITE IN THIS SPACE |
| 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 <u>Edward A. Coker</u> <u>Edmund A. Coker</u> <u>4-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COKER, MADELINE M 3003 W. MEADOW AVENUE TAMPA, FL 33611 | |
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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: <u>Madeline M. Coker</u> <u>Madeline M. Coker</u> <u>4-20-06</u> <u>813-786-6121</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | |



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CR2E083 (11/05)

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| 4. FEI Number 20-1926903 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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05/06/06-80005-014 55.00

**DO NOT WRITE
IN THIS SPACE**