2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-11-2005 90046 012 ****50.00

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1. Entity Name
HBC MOTORCARS LLC

Principal Place of Business	Mailing Address
540 NORTH STATE ROAD 434 SUITE 164 ALTAMONTE SPRINGS, FL 32714 US	800 PAUL STREET SUITE B ORLANDO, FL 32808 US

02212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	4840 GIFFORD BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FL
Zip / Country	Zip: 32821 / Country

4. FEI Number: 20-2020776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPSHIRE, DANIEL S
4840 GIFFORD BLVD
ORLANDO, FL 32821

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 ____________________ 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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAMPSHIRE, DANIEL S 4840 GIFFORD BLVD ORLANDO, FL 32821 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOSEPH, STEVEN 800 PAUL ST. ORLANDO, FL 32808 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Daniel S Lampshire 2-23-05 321-230-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #