


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90037 018 \*\*\*\*55.00

<b>DOCUMENT # L05000026838</b>	
1. Entity Name GOODMAN'S AUTOMOTIVE & TIRE CENTER, LLC	

Principal Place of Business 20700 NE MAGNOLIA STREET BLOUNTSTOWN, FL 32424	Mailing Address 20700 NE MAGNOLIA STREET BLOUNTSTOWN, FL 32424
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01062007 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2451234	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, DOUGLAS  
20700 NE MAGNOLIA STREET  
BLOUNTSTOWN, FL 32424

**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 *Douglas Goodman* *Douglas Goodman* 1-28-07  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODMAN, DOUGLA 20700 NE MAGNOLIA STREET BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <i>Goodman, Myra</i> <i>20700 NE, Magnolia St,</i> <i>BLOUNTSTOWN, FL 32424</i>
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	

**DO NOT WRITE  
IN THIS SPACE**

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: *Douglas Goodman* *Douglas Goodman* 1-28-07