

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049933

Entity Name: AUT ALLIANCE, LLC

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

5125 PALM SPRINGS BLVD  
10203  
TAMPA, FL 33647

## Current Mailing Address:

5125 PALM SPRINGS BLVD  
10203  
TAMPA, FL 33647

## New Principal Place of Business:

301 W PLATT STREET  
#252  
TAMPA, FL 33606

## New Mailing Address:

301 W PLATT STREET  
#252  
TAMPA, FL 33606

FEI Number: 20-2869841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALI, OZTEKE  
5125 PALM SPRINGS BLVD  
10203  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

SCOTT, SCHANEVILLE  
301 W PLATT STREET  
#252  
TAMPA, FL 33606 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: SCOTT SCHANEVILLE

04/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHANEVILLE, SCOTT  
Address: 5125 PALM SPRINGS BLVD  
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Delete  
Name: OZTEKE, ALI  
Address: 5125 PALM SPRINGS BLVD  
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Delete  
Name: OZTEKE, MURAT  
Address: 5125 PALM SPRINGS BLVD  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SCHANEVILLE, SCOTT  
Address: 301 W PLATT STREET #252  
City-St-Zip: TAMPA, FL 33606

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

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

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: SCOTT SCHANEVILLE

MGR

04/29/2007

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