


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


DOCUMENT # L05000051233		
1. Entity Name C2 AUTOMOTIVE, LLC		

Principal Place of Business 3686 WOODVILLE HWY TALLAHASSEE, FL 32305 US	Mailing Address 3686 WOODVILLE HWY TALLAHASSEE, FL 32305 US
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2. Principal Place of Business 1505 Capital Circle NW Suite, Apt. #, etc. B	3. Mailing Address 1505 Capital Circle NW Suite, Apt. #, etc. B
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City & State Tallahassee FL	City & State Tallahassee FL
Zip 32303	Zip 32303
Country	Country

FILED
06 MAR -3 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2889829	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTO, CARBONELL III 302 STADIUM DR. TALLAHASSEE, FL 32304	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Roberto Carbonell MGRM DATE 3/3/06

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARBONELL, ROBERTO III 302 STADIUM DR TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carbonell, Roberto III 530 Bryan St. Tallahassee FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARBONELL, MICHAEL T 302 STADIUM DR. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carbonell, Michael T 530 Bryan St. Tallahassee FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800067315438 03/07/06--01029--026 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roberto Carbonell MGRM DATE 3/3/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #