

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076929

FILED
Aug 21, 2006
Secretary of State

Entity Name: SUNCOAST AUTO OUTLET LLC

Current Principal Place of Business:

6 HIBISCUS DRIVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

1305 S. TAMiami TRAIL
PUNTA GORDA, FL 33950

Current Mailing Address:

32900 FIVE MILE RD.
SUITE 150
LIVONIA, MI 48154

New Mailing Address:

FEI Number: 20-3258430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUBBANEH, SABAH
6 HIBISCUS DRIVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

DUBBANEH, SABAH MGRM
6 HIBISCUS DRIVE
PUNTA GORDA, FL 33950 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: SABAH DUBBANEH

08/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUBBANEH, SABAH
Address: 6 HIBISCUS DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: SHUKEIREH, GUSTE
Address: 32900 FIVE MILE ROAD
City-St-Zip: LIVONIA, MI 48154

ADDITIONS/CHANGES:

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 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: SABAH DUBBANEH

MGRM

08/21/2006

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