## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State					
DOCUMENT # L0600000883  1. Entity Name							04-30-2007 900	~			
DOWNTO	OWN AUTOMOTIVE, LLC					·					
Principal Plac	e of Business	Mailing Address	Mailing Address			•					
	FORDVILLE HIGHWAY ILLE, FL 32327	3031 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327					III BBSID DIIII BBSII BDIII BBIII BS	III <b>68</b> III <b>68</b> II	)		
Principal Place of Business - No P.O. Box #     3. Mailing Addr			Address								
	DEVILLE HIGHWAY	764 SHADEVILLE HIGHWAY			<u> </u>	i camiimai m		II) 881II 08IC	ri idfal falda in	MEN 40 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02282007	Chg-LLC	CR2E08	3 (12/06)		
City & Stat	te	City & State				4. FEI Numb	per		Ap	plied For	
	DVILLE, FLORIDA	CRAWFORDVILLE, FLC					16-1745605		No	t Applicable	
Zip	Country	Zip	Coun	•		5. Certificat	e of Status Desired		5.00 Add		
32327	2327 USA 32327  6. Name and Address of Current Registered Agent			USA	7. Name and Address of New Registered Agent					o	
6. Name and Address of Current Registered Agent					Name						
THOMPSON, SUUSAN S 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309				Street A	et Address (P.O. Box Number is Not Acceptable)						
							<u></u>				
				City FL Zip Code					Ð		
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registere	ed office o	r register	ed agent, or b	oth, in the State of Florida	a. I am fa	ımiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registere	d Agent signal	ture required	when reinstating)		DATE			
	iling Fee is \$50.00 ue by May 1, 2007						Make check payable to Florida Department of State				
9. MANAGING MEMB		RS/MANAGERS			ADDITIONS/CHANGES			•			
TITLE	MGRM	☐ Delete	TITUE		_				X Change	Addition	
NAME CITIETT ADDRESS	HIGHSMITH, PHILLIP L SR.	/A.V	NAM	-	764 CHADENT		TIE UTOUUAN				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - St- Zip	704	SHADEA I	LLE HIGHWAY				
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STREET ADDRESS			STRE	et adoress							
CITY-ST-ZIP			CITY	- ST - ZIP	ļ						
TITLE		☐ Delete	TITLE						Change	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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: VELUE & PLUE S. Phillip L. Highsmith Sr. MGRM 3/23/07 (850) 926-7883

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Design Prior #