

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002533

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: DIRECT AUTO EXCHANGE, LLC

**Current Principal Place of Business:**

2727 LAKE MUNSON STREET  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

2877 W THARPE STREET  
SUITE B  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

400 CAPITAL CIRCLE SE  
SUITE 18257  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 43-2094894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, JEFF  
2727 LAKE MUNSON STREET  
TALLAHASSEE, FL 32310      US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, LAMARE T  
Address: 2727 LAKE MUNSON STREET  
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM ( ) Delete  
Name: ROBINSON, JEFF  
Address: 2727 LAKE MUNSON STREET  
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, LAMARE T  
Address: 2877 W THARPE ST SUITE B  
City-St-Zip: TALLAHASSEE, FL 32303

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: LAMARE T DAVIS

MGRM

04/26/2007

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