

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054022

Entity Name: FIRST TEAM HYUNDAI, LLC

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

215 N. EOLA DRIVE
ORLANDO, FL 32801

New Principal Place of Business:

1089 W MORSE BLVD
SUITE D
WINTER PARK, FL 32789

Current Mailing Address:

215 N. EOLA DRIVE
ORLANDO, FL 32801

New Mailing Address:

1089 W MORSE BLVD
SUITE D
WINTER PARK, FL 32789

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCTOR, JAMES J
215 N. EOLA DRIVE
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MEALEY FAMILY LIMITE, D PARTNERSHIP
Address: 3772 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: MGRM () Change (X) Addition
Name: PEACOCK, W W
Address: 1089 W. MORSE BLVD., SUITE D
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Change (X) Addition
Name: SWINGMAN HHHDAI, LLC,
Address: 1089 W. MORSE BLVD., STE D
City-St-Zip: WINTER PARK, FL 32789

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: W. WARNER PEACOCK

MGRM

04/09/2007

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