2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L06000071444** CAR HOLDINGS, LLC 2008 OCT -3 PM 12: 23 SEGRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 15315 S.W. 39 STREET 15315 S.W. 39 STREET **DAVIE, FL 33331** DAVIE, FL 33331 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07302008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number APPLIED FOR Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAZOOK, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL AVENUE **SUITE 2500** MIAMI, FL 33131 City Zip Code 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 SIGNATURE Spreame, typed or paneso name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$538.75 "Due by September 12, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MLE Change ☐ Addition C Onlete TITLE RINCON, CESAR NAKE NAME 15315 S.W. 39 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP **DAVIE, FL 33331** TITLE ☐ Change ☐ Addition MGR Delete TITLE RINCON, CLAUDIA NAME NAME STREET ADDRESS 15315 S.W. 39 STREET STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33331** CITY - ST - ZIP ☐ Chance ☐ Addition Delete DILE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CETY-51-21P CITY-ST- 72 ☐ Change Addition MILE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-71P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete MLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZE 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 justee empowered to execute this report as required by Chapter 608, Florida Statutes. 7-30-08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

8/6/2008-90030-022-\$538.75-\$538.75