

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073331

FILED
Apr 29, 2007
Secretary of State

Entity Name: BAY AREA AUTOMOTIVE OF LAND O'LAKES, L.L.C.

Current Principal Place of Business:

1519 DR. MARIN LUTHER KING ST. N.
SUITE A-3
ST. PETERSBURG, FL 33704

New Principal Place of Business:

13200 MCCORMICK DR
TAMPA, FL 33626

Current Mailing Address:

1519 DR. MARIN LUTHER KING ST. N.
SUITE A-3
ST. PETERSBURG, FL 33704

New Mailing Address:

13200 MCCORMICK DR
TAMPA, FL 33626

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

Name and Address of Current Registered Agent:

FERRAEZ, L.L.C.
1519 DR. MARTIN LUTHER KING ST. N. STE A3
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

FERRAEZ, L.L.C.
13200 MCCORMICK DRIVE
TAMPA, FL 33626 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: LEON R FERRAEZ JR

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUFFEL, JOE
Address: 5212 62ND AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33715

Title: MGR () Delete
Name: CUFFEL, MARY
Address: 5212 62ND AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33715

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 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: JOE CUFFEL

MGR

04/29/2007

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