## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L06000073954

1. Entity Name
PINEHURST AUTO INVESTORS I, LLC



**FILED** Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90039 008 \*\*\*\*50.00

THE HOLD IN LOCATION, LEG								
Principal Place of Business 1590 U.S. 1 SOUTH SOUTHERN PINES, NC 28387		Mailing Address 4250 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-LLC	CR2E083 (12	/06)	
City & State		City & State		4. FEI Numb	oer 20-526883	32	Applied For Not Applicable	
Zip	Country	Zip Count			5. Certificate	e of Status Desired	□ \$5.00	D Additional
	6. Name and Address of Current F	tegistered Agent			7. Name an	d Address of New Regi		
CORPORATION COMPANY OF ORLANDO				Name				
	H ORANGE AVE.			(P.O. Box Number is Not Acceptable)				
	), FL 32801-5403	•						
				City			FL Zip	Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered	d office or registe	ered agent, or be	oth, in the State of Florid	a. I am familiar	with, and accept
	ions or registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	Registered	Agent signature require	ed when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CH	HANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS 425	Auto Hoi 0 N. Fede	ldings, LLC eral Hwy. Point, FL 330	□ Ch 06 <b>4</b>	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				HOLO 1590	MGRM, V □ Change XX Addition Holderfield, D. Thomas 1590 U.S1 South Southern Pines, NC 28387			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				t ADDRESS   1590 ST-ZIP   Sour	eaver, John 590 U.S. 1 South outhern Pines, NC 28387			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS 425	th, Phil: 0 N. Fede	ip P. eral Hwy. Point, FL 330		ange XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	V, S Dayl TADDRESS 425	S, T, CF hoff, Mic O N. Fed	C	☐ Ch	ange XX Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cr	nange 🔲 Addition
11. I hereby	certify that the information supplied with	this filing does not qualify for th	he exem	notions containe	d in Chapter 119	), Florida Statutes, I furth	er certify that th	ne information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oat; 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.