


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90303 018 ****55.00

DOCUMENT # L06000109181			
1. Entity Name BURNS AUTOMOTIVE AND COLLISION SERVICE, LLC			
Principal Place of Business 28609 HIGHWAY 27 DUNDEE FL 33838		Mailing Address 28609 HIGHWAY 27 DUNDEE FL 33838	
2. Principal Place of Business - No P.O. Box # 29618 Highway 27		3. Mailing Address P.O. Box 1743	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Hamilton, FL		City & State Dundee, FL	
Zip 33851	Country	Zip 33838	Country
6. Name and Address of Current Registered Agent BURNS, JOHN J III 28609 HIGHWAY 27 DUNDEE FL 33838		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 29618 Highway 27 City Lake Hamilton FL Zip Code 33851	
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 the obligations of registered agent. SIGNATURE <u>John J Burns III</u> Sole Member 2/1/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURNS, JOHN J III 28609 HIGHWAY 27 DUNDEE FL 33838 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	29618 Highway 27 Lake Hamilton, FL 33851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>John J Burns III</u> Sole member 2/1/07 8634398500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			