2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 24, 2007
Secretary of State

DOCUMENT# L06000121611

Entity Name: AUTOBANK FINANCIAL SERVICES, LLC

Current Principal Place of Business:

801 S. UNIVERSITY DRIVE, STE. A-101
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

801 S. UNIVERSITY DRIVE, STE. A-101
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 74-3201007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
LAS OLAS CENTRE II, STE. 1600
350 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 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:	MGRM	( ) Delete
Name:	DOV, SZAPIRO	MGRM
Address:	801 S. UNIVERSITY DRIVE, SUITE A101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	URI, SZAPIRO	MGRM
Address:	801 S. UNIVERSITY DRIVE, SUITE A101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	DAVID, BENMOHA	MGRM
Address:	801 S. UNIVERSITY DRIVE, SUITE A101	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	ARIAD, SOMMER	MGRM
Address:	801 S. UNIVERSITY DRIVE, SUITE A101	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DOV SZAPIRO MGRM 09/24/2007

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