## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000004742

Name:

Address:

City-St-Zip:

Entity Name: WALLACE LINCOLN MERCURY OF FT. PIERCE, LLC

FILED Mar 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** FT. PIERCE, FL 34982 FT. PIERCE, FL 34997 **Current Mailing Address: New Mailing Address:** 5563 S. US #1 3801 S.E. FEDERAL HWY FT. PIERCE, FL 34997 STUART, FL 34997 FEI Number: 20-8348131 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HAILE, SHAW & PFAFFENBERGER, P.A. WILLIAM L WALLACE 3801 S.E. FEDERAL HWY 660 U.S. NO.1, 3RD FL STUART, FL 34997 NORTH PALM BEACH, FL 33408 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: WILLIAM L WALLACE 03/27/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: ( ) Delete Title: ( ) Change (X) Addition WALLACE AUTOMOTIVE M, ANAGEMENT CORP O RATION Name: Name: Address: Address: 3801 S.E. FEDERAL HWY City-St-Zip: City-St-Zip: STUART, FL 34997 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: WILLIAM, WALLACE L Address: Address: 3801 S.E. FEDERAL HWY City-St-Zip: City-St-Zip: STUART, FL 34997 Title: () Delete Title: **VPS** ( ) Change (X) Addition SMITH, DAVID L Name: Name: Address: Address: 175 DOVE CIRCLE City-St-Zip: City-St-Zip: ROYAL PALM BEACH, FL 33411 Title: () Delete Title: ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

POWELL, JUDITH L

STUART, FL 34996

494 KRUEGER CREEK PLACE

SIGNATURE: JUDITH L POWELL S 03/27/2008