## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000004742

City-St-Zip:

STUART, FL 34996

FILED Mar 24, 2009 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** FT. PIERCE, FL 34982 **Current Mailing Address: New Mailing Address:** 3801 S.E. FEDERAL HWY STUART, FL 34997 FEI Number: 20-8348131 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAM L WALLACE WALLACE, WILLIAM L 3801 S.E. FEDERAL HWY 3801 S.E. FEDERAL HWY STUART, FL 34997 STUART, FL 34997 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 03/24/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WALLACE AUTOMOTIVE M, ANAGEMENT CORP O RATION Name: Name: Address: 3801 S.E. FEDERAL HWY Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAM, WALLACE L Name: Address: 3801 S.E. FEDERAL HWY Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: **VPS** () Delete Title: () Change () Addition SMITH, DAVID L Name: Name: 175 DOVE CIRCLE Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: ( ) Delete Title: () Change () Addition POWELL, JUDITH L Name: Name: 494 KRUEGER CREEK PLACE Address: Address:

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.

City-St-Zip:

SIGNATURE: JUDITH L. POWELL S 03/24/2009