

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017042

FILED
Mar 25, 2009
Secretary of State

Entity Name: DEKALB AUTO PROPERTY, LLC

Current Principal Place of Business:

4250 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

4250 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 20-8650074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVENUE
SUITE 100 (JGH)
ORLANDO, FL 328015403 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: SMITH, PHILIP P
Address: 4250 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: PS () Delete
Name: SMITH, PHILIP P
Address: 4250 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VTCF () Delete
Name: DAYHOFF, MICHAEL R
Address: 4250 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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:

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: MICHAEL R. DAYHOFF

VTCF

03/25/2009

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