

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030087

FILED
Jul 14, 2008
Secretary of State

Entity Name: 3494 PHILLIPS ACQUISITION COMPANY, LLC

Current Principal Place of Business:

2390 E. CAMELBACK ROAD, SUITE 325
PHOENIX, AZ 85106 US

New Principal Place of Business:

3494 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 US

Current Mailing Address:

2390 E. CAMELBACK ROAD, SUITE 325
PHOENIX, AZ 85106 US

New Mailing Address:

P O BOX 5749
JACKSONVILLE, FL 32247 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMM, JERRY T
2600 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

HAMM, JERRY T
3494 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 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:

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NATIONAL SAFE HARBOR, EXCHANGES
Address: 2390 E. CAMELBACK ROAD, SUITE 325
City-St-Zip: PHOENIX, AZ 85016 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JERRY HAMM CHEVROLET, INC
Address: 3494 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207 US

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: R GERALD BREWTON

MR

07/14/2008

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