

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041713

FILED  
May 11, 2008  
Secretary of State

**Entity Name:** ELITE AUTOMOTIVE GROUP, LLC

**Current Principal Place of Business:**

1408 TRAVERTINE TERRACE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1408 TRAVERTINE TERRACE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 26-0192973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

**Name and Address of New Registered Agent:**

SHARP, DUDLEY Q JR, ESQ  
369 N. NEW YORK AVE. 3RD FLOOR  
WINTER PARK, FL 32789      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ABAD, PATRICK  
Address: 1408 TRAVERTINE TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGM ( ) Change (X) Addition  
Name: DOSHAN, SCOTT  
Address: 1408 TRAVERTINE TERRACE  
City-St-Zip: SANFORD, FL 32771

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: PATRICK ABAD

MGR

05/11/2008

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