

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000085432

1. Entity Name
B&G AUTO EXPORTS LLC



Principal Place of Business
206 N. BEACH STREET
DAYTONA BEACH, FL 32114

Mailing Address
206 N. BEACH STREET
DAYTONA BEACH, FL 32114

2. Principal Place of Business - No P.O. Box #

206 N BEACH ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 114

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

Zip

32114

Zip

32114

Country

U.S.A.

Country

6. Name and Address of Current Registered Agent

CUTLER, RONALD
1172 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM Delete
NAME SHEPPARD, ROBERT L
STREET ADDRESS 63 CALADIUM DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGRM Delete
NAME TAHER, GHALEB
STREET ADDRESS 47 CALADIUM DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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Change Addition

TITLE Delete
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/8/08 386547-5893
Daytime Phone #

Date