2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# L07000089856

Entity Name: POINT BREAK AUTOMOTIVE LLC

Current Principal Place of Business:

961 AQUAMARINE DR
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

961 AQUAMARINE DR
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 26-0783812 **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:

HOLIFIELD, DAVID W
961 AQUAMARINE DR
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

ROCKWELL ACCOUNTING LLC
912 W MICHIGAN AVE
PENSACOLA, FL 32505 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: CEREZA ROCKWELL 05/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HOLIFIELD, DAVID W
Address: 961 AQUAMARINE DR
City-St-Zip: GULF BREEZE, FL 32563

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOLIFIELD, DAVID W
Address: 961 AQUAMARINE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Change (X) Addition
Name: HOLIFIELD, SHONDA
Address: 961 AQUAMARINE DR
City-St-Zip: GULF BREEZE, FL 32563

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: DAVID W HOLIFIELD MGRM 05/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date