2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

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Entity Name: BOB WILSON DODGE CHRYSLER JEEP, LLC

Current Principal Place of Business:

11945 NORTH FLORIDA AVENUE
TAMPA, FL 33612

New Principal Place of Business:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

Current Mailing Address:

11945 NORTH FLORIDA AVENUE
TAMPA, FL 33612

New Mailing Address:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

FEI Number: 26-1093958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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:	MGR	( ) Delete
Name:	WILSON, ROBERT M	
Address:	11945 NORTH FLORIDA AVENUE	
City-St-Zip:	TAMPA, FL 33612	
Title:	MGR	( ) Delete
Name:	WILSON, PATRICIA M	
Address:	11945 NORTH FLORIDA AVENUE	
City-St-Zip:	TAMPA, FL 33612	
Title:	MGR	( ) Delete
Name:	KRIZ, ANSLEY W	
Address:	11945 NORTH FLORIDA AVENUE	
City-St-Zip:	TAMPA, FL 33612	
Title:	CP	(X) Delete
Name:	WILSON, ROBERT M	
Address:	11945 NORTH FLORIDA AVENUE	
City-St-Zip:	TAMPA, FL 33612	
Title:	VP	(X) Delete
Name:	WILSON, PATRICIA M	
Address:	11945 NORTH FLORIDA AVENUE	
City-St-Zip:	TAMPA, FL 33612	
Title:	VST	(X) Delete
Name:	KRIZ, ANSLEY W	
Address:	11945 NORTH FLORIDA AVENUE	
City-St-Zip:	TAMPA, FL 33612	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	WILSON, ROBERT M	
Address:	201 NORTH FRANKLIN STREET, SUITE 2000	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGR	(X) Change ( ) Addition
Name:	WILSON, PATRICIA M	
Address:	201 NORTH FRANKLIN STREET, SUITE 2000	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGR	(X) Change ( ) Addition
Name:	KRIZ, ANSLEY W	
Address:	201 NORTH FRANKLIN STREET, SUITE 2000	
City-St-Zip:	TAMPA, FL 33602	
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: ROBERT M. WILSON MGR 04/21/2009

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