2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# L07000120663

Entity Name: POTTS AUTOMOTIVE GROUP, L.L.C.

Current Principal Place of Business:

3001 PINE HILL ROAD
PALM HARBOR, FL 34683 US

New Principal Place of Business:

1890 NORTH HERCULES AVENUE
CLEARWATER, FL 33765 US

Current Mailing Address:

3001 PINE HILL ROAD
PALM HARBOR, FL 34683 US

New Mailing Address:

2495 ENTERPRISE ROAD
SUITE 201
CLEARWATER, FL 33763 US

FEI Number: 26-1788485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G ESQ
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: POTTS, MICHAEL B
Address: 3001 PINE HILL ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: M ( ) Delete
Name: POTTS, NEUY
Address: 3001 PINE HILL ROAD
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POTTS, MICHAEL B
Address: 3001 PINE HILL ROAD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGR (X) Change ( ) Addition
Name: POTTS, NEUY
Address: 3001 PINE HILL ROAD
City-St-Zip: PALM HARBOR, FL 34683

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: MICHAEL B POTTS MGRM 03/05/2009

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