2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000116709

Entity Name: SAI FORT MYERS VW, LLC

Current Principal Place of Business:

740 PETTYS WAY
FORT MYERS, FL 33912

New Principal Place of Business:

7040 PETTYS WAY
FORT MYERS, FL 33912

Current Mailing Address:

13880 S. TAMIAMI TRAIL
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0938821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SMITH, O. BRUTON
Address: 5401 E. INDEPENDENCE BLVD.
City-St-Zip: CHARLOTTE, NC 28212

Title: MGR ( ) Delete
Name: SMITH, B. SCOTT
Address: 5401 E. INDEPENDENCE BLVD.
City-St-Zip: CHARLOTTE, NC 28212

Title: MGR ( ) Delete
Name: COSPER, DAVID P
Address: 5401 E. INDEPENDENCE BLVD.
City-St-Zip: CHARLOTTE, NC 28212

ADDITIONS/CHANGES:

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: DAVID P COSPER MGR 04/30/2009

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