


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90039 007 ****50.00

DOCUMENT # L98000001400					
1. Entity Name PHIL SMITH AUTO GROUP L.C.					
Principal Place of Business 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064 US			Mailing Address 4250 N FEDERAL HWY LIGHTHOUSE POINT, FL 33064 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0855954	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 S ORANGE AVENUE, SUITE 1000 (JGH) ORLANDO, FL 32801			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE PS	NAME SMITH, PHILIP P CEO	<input type="checkbox"/> Delete	TITLE MGRM, P, S	NAME Smith, Philip P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4250 N FEDERAL HWY	CITY - ST - ZIP LIGHTHOUSE POINT, FL 33064		STREET ADDRESS	CITY - ST - ZIP	
TITLE ASVP	NAME DAYHOFF, MICHAEL R T,CFO	<input type="checkbox"/> Delete	TITLE CFO, V, S, T	NAME Dayhoff, Michael R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4250 N FEDERAL HWY	CITY - ST - ZIP LIGHTHOUSE POINT, FL 33064		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
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: <i>Michael R Dayhoff</i>			Michael R. Dayhoff		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/22/07		
Daytime Phone #: 954-867-1234			Daytime Phone #:		