

05/26/1999 = 19750  
\$188.75 + \$52381

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR -9 PM 1:24

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>AUTOSTAR USA, L.L.C.</b> 103 CENTURY 21 DRIVE, SUITE 201 JACKSONVILLE FL 32216	<b>DOCUMENT #</b> 198000001952
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1a. Principal Place of Business Address 103 CENTURY 21 DRIVE, SUITE JACKSONVILLE FL 32216
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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3. Date Organized or Qualified 09/22/1998	3a. State of Formation FL
4. FEI Number 59-3533781	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent MULVIHILL, PADRAIC E 103 CENTURY 21 DRIVE, SUITE 201 JACKSONVILLE FL 32216
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(The signature of Agent Accepting Appointment, (R001) Registered Agent signature required when new agent)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JENNY, CHRISTIAN	103-B NORTH LAKE DRIVE	ORMOND BEACH FL
MGR	JOHNSON, JAMES R	103 CENTURY 21 DRIVE, SUITE	JACKSONVILLE FL
MGR	LEMERAND, L. GALE	103-B NORTH LAKE DRIVE	ORMOND BEACH FL
MGR	MULVIHILL, PADRAIC E	103 CENTURY 21 DRIVE, SUITE	JACKSONVILLE FL
MGR	SIMS, G. LARRY	POST OFFICE BOX 10506	DAYTONA BEACH FL

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\*\*\*\*197.50 \*\*\*\*197.50

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: *Padraic E. Mulvihill* Secretary - Manager  
1 March '99  
59047725-9700