
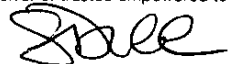


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90157 006 ****55.00

DOCUMENT # L98000002089 1. Entity Name SONIC - FM AUTOMOTIVE, LLC					
Principal Place of Business 13880 S. TAMiami TRAIL FT. MYERS, FL 33912			Mailing Address 13880 S. TAMiami TRAIL FT. MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # 15461 S Tamiami Trail		3. Mailing Address Suite, Apt. #, etc.			
City & State Fort Myers FL		City & State Suite, Apt. #, etc.		05312007 Chg-LLC CR2E083 (12/06)	
Zip 33908		Country Lee		4. FEI Number 59-3535971	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, B. SCOTT 5401 E. INDEPENDENCE BLVD. CHARLOTTE, NC 28218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSS, STEPHEN K 2831 GIVERNY DR CHARLOTTE, NC 28226	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IUPPENLATZ, MARK 2911 PROVIDENCE TRAIL LANE CHARLOTTE, NC 28270	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLUMMER, DAVID 5901 AVELON VALLEY, #938 CHARLOTTE, NC 28277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DOBLER, SCOTT 2125 LARCHWOOD CT NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Scott Dobler		5/31/07 727-647-3550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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