2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900001410

PALM SPRINGS AUTO ASSOCIATES, LLC

Principal Plac	e of Business	Mailing Address			######################################				
	ENTRE BOULEVARD EACH FL 33407-3105	2442 METROCENTRE BOI WEST PALM BEACH FL 3		30055491					
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	☐ CHECK HERE IF MAKING CHANGES					
City & State	e	City & State		4. FEI Number 65-0910265	,	pplied For ot Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	S5.00 Add				
	6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Re	gistered Agent				
CID	PON TUOMAC:D~~~		Name	and the second s	الوالما والمتهجد سيدار				
244	son, Thomas R 2 Metrocentre Boulevari 3t Palm Beach Fl 33407-31		Street Address	s (P.O. Box Number is Not Acceptable)					
			City		FL Zip Cod	e			
the obligat	ions of registered agent. Signature, typed or printed name of registered.		s registered office or regist	tered agent, or both, in the State of Flor	DATE	and accept			
		Make Check Payal	IOW!!! FEE IS \$50.00 ble to Florida Departm ue By May 1, 2003						
9.		MBERS/MANAGERS	10	ADDITIONS/0	CHANGES				
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	MGRM GIBSON, THOMAS R 2442 METROCENTRE BOUL WEST PALM BEACH FL 334		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition			
TITLE Name Street address City-St-Zip	W.G., 7, 12, 13, 12, 13, 12, 13	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
TITLE Name Street address City-St-Zip		Delete	TITLE NAME		Change	Addition			
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TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition			

FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90029 040 ****50.00

Daytime Phone #

													
Principal Place of Business			Mailing Address						(885)	2061			
			2442 METROCENTRE BOULEVARD WEST PALM BEACH FL 33407-3105				30053461						
2. Principal Place of Business			3	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			<u></u>	City & State			•	4. FEI Numbe	f 65-09102	65		+ • •	lied For Applicable
Zip	Country Zip				Cour	Country 5. Cer			of Status Desired		\$5.00 Fee Reg	Addi	tional
	istered Agent			<u>-</u>	7. Name and	Address of New	Registered						
OID	2011 71101	440.D				Name		The State of the S	ه رومسرون			·	
GIBSON, THOMAS R 2442 METROCENTRE BOULEVARD				Str		Street Ad	idress (P.C). Box Numbe	r is Not Acceptable				
WES	SI PALM B	EACH FL 33407-3	105							•			
						City				Fl	Zip C	Code	
	named entit ons of regist		nent for the	purpose of changing it	s register	ed office or r	registered	agent, or both	n, in the State of F.	orida. I am	familiar w	ith, a	nd accept
SIGNATURE .	Signature typed	or printed name of registers	d agent and tit	le if applicable (NO	TE: Registere	d Agent signatur	re required wh	en reinstation)		DATE			
		or togical	July 1					3.7.10.11.0.11.0.1.0.1.0.j)					
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<u> </u>	<u>-</u>	MANAGING N	IEMBERS /		10.				ADDITIONS	JCHANGE'			
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NAME		THOMAS R		Dollar	NAM							90	
STREET ADDRESS 2442 METROCENTRE BOULEVARD				STRE	ET ADDRESS							ſ	
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CITY-ST-ZIP	A.C.					·ST-ZIP							

11. I 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 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE