


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # L99000004839 | |  |
| 1. Entity Name PHILLIPS AUTO SALES & SERVICE, L.L.C. | | |
| Principal Place of Business 3386 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207 | Mailing Address 3386 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207 | |
| DO NOT WRITE IN THIS SPACE | | |



01262006No Chg-LLC

CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3590883 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent GAVOCI, PAULIN 3386 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000413782
02/11/06-80010-005 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GAVOCI, PAULIN 11469 WANDERING PINES LANE JACKSONVILLE, FL 32258 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GAVOCI, ZEF 11469 WANDERING PINES LANE JACKSONVILLE, FL 32258 |
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**DO NOT WRITE
IN THIS SPACE**

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: Zef Gavogi 1-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #