



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90100 049 \*\*\*\*50.00

<b>DOCUMENT # L99000008398</b> 1. Entity Name BROOKS MOTORS HOLDING, L.L.C.					
Principal Place of Business 2995 HIGHWAY U.S. 1 SOUTH ST. AUGUSTINE, FL 32086			Mailing Address 1502 SAN RAFAEL WAY SAINT AUGUSTINE, FL 32080-5378		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4312 Harbor Watch Ln</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Lutz, FL</b>		4. FEI Number <b>59-3618750</b>	
Zip <b>33588</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  BROOKS, WILLIAM L 1502 SAN RAFAEL WAY SAINT AUGUSTINE, FL 32080-5378				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>4312 Harbor Watch Ln</b>  City <b>Lutz</b> <b>FL</b> Zip Code <b>33588</b>	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROOKS, WILLIAM L 1502 SAN RAFAEL WAY SAINT AUGUSTINE, FL 320805378	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4312 Harbor Watch Ln Lutz, FL 33588	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 				William L. Brooks	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
Daytime Phone #				904-347-9710	