


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

07-29-2004 90144 047 ****50.00

DOCUMENT # L99000009085

1. Entity Name
ARLINGTON AUTO, MART, L.L.C.



Principal Place of Business: **8625-7 ALTON AVENUE SUITE 7 JACKSONVILLE FL 32211**

Mailing Address: **8625-7 ALTON AVENUE SUITE 7 JACKSONVILLE FL 32211**

34000001



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

MOORE CR2E083 (4/04)

4. FEI Number **59-3609693** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FULMER, JOHN D.
8625-7 ALTON AVENUE
SUITE 7
JACKSONVILLE FL 32211

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 *John D. Fulmer* **John D. Fulmer** DATE

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	B	<input type="checkbox"/> Delete
NAME	PAIR, CARL <i>Treasurer</i>	
STREET ADDRESS	4625 HARTMAN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	FULMER, PAT <i>Secretary</i>	
STREET ADDRESS	4829 WALNUT GROVE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	MYERS, RON	
STREET ADDRESS	6868 ARLINGTON EXP	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM W. BRANES <i>Vice President</i>	
STREET ADDRESS	9803 CREEKFRONT RD APT 1402	
CITY-ST-ZIP	JACKSONVILLE, FL 32266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John D. Fulmer* **John D. Fulmer** **7-27-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #