2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90128 020 ****50.00

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DOCUMENT # M00000001074

1. Entity Name
SOUTHEAST TOYOTA DISTRIBUTORS, LLC

Principal Place of Business	Mailing Address
% THE CORP TRUST CO. CORP TRUST CTR 1209 ORANGE STREET WILMINGTON DE 19801	100 NW 12TH AVE. JMFDFO18. LEGAL DEPT. DEERFIELD BEACH FL 33442

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	100 JIM MORAN BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. LEGAL DEPT. MAILDROP JMFDFO18
City & State	City & State DEERFIELD BEACH FL
Zip / Country	Zip 33442 / Country USA

4. FEI Number 59-1201459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JM FAMILY ENTERPRISES, INC. 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JM FAMILY ENTERPRISES, INC. 100 JIM MORAN BLVD. DEERFIELD BEACH FL 33442	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED JOHN J. WHELAN SECRETARY 04/10/03 954-420-4617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #