2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001852

1. Entity Name
AUTOMATIC L.L.C.

Principal Place of Business	Mailing Address
1900 SUMMIT TOWER, STE. 860 ORLANDO, FL 32810	1900 SUMMIT TOWER, STE. 860 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

03302006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3669019	Not Applicable

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

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	AUTOMATIC ORLANDO, LLC
STREET ADDRESS	1900 SUMMIT TOWER BLVD., STE 860
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	MGRM
NAME	AUTOMATIC MIAMI, LLC
STREET ADDRESS	2665 S BAYSHORE DRIVE STE 1006
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80122-012 50.00

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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: _____ Michael Birdsall 4/25/06 407.916.7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #