


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000002023**

1. Entity Name  
**HFP MOTORS L.L.C.**



Principal Place of Business <b>4306 PABLO OAKS COURT          JACKSONVILLE, FL 32224</b>	Mailing Address <b>P O BOX 16469          JACKSONVILLE, FL 32245-6469 US</b>
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**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>06-1631102</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

U00000115515  
 04/16/04-80027-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMM, F B 4306 PABLO OAKS CT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARLETTE, LINDA 4306 PABLO OAKS CT JACKSONVILLE, FL 32224
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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 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: Linda L. Marlette Linda L. Marlette 4-9-04 904-992-4110

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