

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # MQ2000002013

1. Entity Name

SATURN SOUTHWEST FLORIDA, LLC



Principal Place of Business

**3120 WASHTENAW AVE.
ANN ARBOR, MI 48104**

Mailing Address

**3120 WASHTENAW AVE.
ANN ARBOR, MI 48104**



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

13-4204780

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOODMAN-GRAFF, LAURA LYNN
4700 S.W. 5TH AVENUE
CAPE CORAL, FL 33914**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	R.H.G. MOTORS, INC.
STREET ADDRESS	3120 WASHTENAW AVE.
CITY-ST-ZIP	ANN ARBOR, MI 48104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/04-80002-014 50.00

**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.

R.H.G. MOTORS, INC., By ROBERT H. GOODMAN, PRESIDENT

SIGNATURE:

01/13/2004 (734) 971-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #