

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90195 020 ****50.00

DOCUMENT # M02000002013 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																																	
2. Principal Place of Business 4201 FOWLER ST.		3. Mailing Address P.O. BOX 62014																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State FT. MYERS, FL		City & State FT. MYERS, FL																																	
Zip 33901		Zip 33906-2014																																	
Country USA		Country USA																																	
4. FEI Number 13-4204780		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent GOODMAN-GRAFF, ROBERT H 4201 FOWLER ST. FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name ROBERT H. GOODMAN Street Address (P.O. Box Number is Not Acceptable) 4201 FOWLER ST. City FT. MYERS FL Zip Code 33901																																	
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: ROBERT H. GOODMAN 1/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM R.H.G. MOTORS, INC. 3120 WASHTENAW AVE. ANN ARBOR, MI 48104 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM R.H.G. MOTORS, INC. 3120 WASHTENAW AVE. ANN ARBOR, MI 48104 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM SATURN HOLDING - FLORIDA, INC. 4201 FOWLER ST. FT. MYERS, FL 33901 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SATURN HOLDING - FLORIDA, INC. 4201 FOWLER ST. FT. MYERS, FL 33901 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>														
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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. SATURN HOLDING - FLORIDA, INC. by ROBERT H. GOODMAN SIGNATURE: 1/26/05 (239) 939-7474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																			