

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000002938

1. Entity Name
ROLLS-ROYCE MOTOR CARS NA, LLC



Principal Place of Business
300 CHESTNUT RIDGE RD
WOODCLIFF LAKE, NJ 07677

Mailing Address
P.O. BOX 1227
ATTENTION: TAX DEPT.
WESTWOOD, NJ 07675-1227



04122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3799381

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

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BMW (US) HOLDING CORP.
STREET ADDRESS	300 CHESTNUT RIDGE ROAD
CITY-ST-ZIP	WOODCLIFFE LAKE, NJ 07677

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/17/06-80125-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

4/14/06

Date

(201)307-3655

Daytime Phone #

Frank Wieczorek/Asst.Sec.-Taxation