2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002978

Entity Name: TALLAHASSEE HYUNDAI, LLC

FILED Apr 30, 2004 Secretary of State

2333 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2333 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134

FEI Number: 16-1636927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AUSTIN, MICHELLE 2333 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

MGR () Delete (X) Change () Addition HERMAN, JOSEPH Name: FRIEDER, BARRY Name: 2333 PONCE DE LEON BLVD., STE. 600 Address: 2333 PONCE DE LEON BLVD., STE. 600 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: MGR () Delete Title: () Change () Addition YUSKO, DAVID A Name: Name: Address: 2333 PONCE DE LEON BLVD., STE, 600 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FARR, VERONICA Name: Name: 2333 PONCE DE LEON BLVD., STE. 600 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition Name: Name: PFEIFER, ANDREW

2333 PONCE DE LEON BLVD #600 Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: MGR () Change (X) Addition POTAMKIN, ALAN Name: Name: ONE CASUARINA CONCOURSE Address: Address:

City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: MGR () Change (X) Addition Name: POTAMKIN, ROBERT

 Name:
 Name:
 POTAMKIN, ROBERT

 Address:
 Address:
 C/O ONE CASUARINA CONCORSE

 City-St-Zip:
 City-St-Zip:
 CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VERONICA FARR MGR 04/30/2004