

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002978

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: TALLAHASSEE HYUNDAI, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

2333 PONCE DE LEON BLVD., STE. 550  
CORAL GABLES, FL 33134

## Current Mailing Address:

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

## New Mailing Address:

2333 PONCE DE LEON BLVD., STE. 550  
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:

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

## Name and Address of New Registered Agent:

AUSTIN, MICHELLE  
2333 PONCE DE LEON BLVD., STE. 550  
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: MICHELLE AUSTIN

04/25/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: FRIEDER, BARRY  
Address: 2333 PONCE DE LEON BLVD., STE. 600  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: YUSKO, DAVID A  
Address: 2333 PONCE DE LEON BLVD., STE. 600  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: FARR, VERONICA  
Address: 2333 PONCE DE LEON BLVD., STE. 600  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: PFEIFER, ANDREW  
Address: 2333 PONCE DE LEON BLVD #600  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: POTAMKIN, ALAN  
Address: ONE CASUARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: POTAMKIN, ROBERT  
Address: C/O ONE CASUARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VERONIC FARR

MGR

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date