

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000620

FILED  
Mar 28, 2005  
Secretary of State

**Entity Name:** AUTO ASSOCIATES MIDWEST DESTIN, LLC

**Current Principal Place of Business:**

2212 INWOOD DRIVE  
FT. WAYNE, IN 46815

**New Principal Place of Business:**

**Current Mailing Address:**

2212 INWOOD DRIVE  
FT. WAYNE, IN 46815

**New Mailing Address:**

PO BOX 15899  
FT. WAYNE, IN 46885

**FEI Number:** 06-1664902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 US

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

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:**

Title: MGRM ( ) Delete  
Name: GOLDSBERRY, LARRY W  
Address: P.O. BOX 15899  
City-St-Zip: FT. WAYNE, IN 468855899

Title: MGRM ( ) Delete  
Name: FRICK, DANIEL  
Address: P.O. BOX 15899  
City-St-Zip: FT. WAYNE, IN 468855899

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FRICK, DANIEL  
Address: 2212 INWOOD DRIVE  
City-St-Zip: FT. WAYNE, IL 46815

Title: MGRM (X) Change ( ) Addition  
Name: SANNER, STEVEN  
Address: 2212 INWOOD DRIVE  
City-St-Zip: FORT WAYNE, IL 46815

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: DANIEL FRICK

MEM

03/28/2005

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