

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90036 025 \*\*\*\*50.00

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<b>DOCUMENT # M03000000894</b>					
<b>1. Entity Name</b> CAR AAG FL L.L.C.					
<b>Principal Place of Business</b> 8270 GREENSBORO DRIVE, SUITE 950 MCLEAN, VA 22102			<b>Mailing Address</b> 8270 GREENSBORO DRIVE, SUITE 950 MCLEAN, VA 22102		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> CAPITAL AUTOMATIC L.P.		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8270 GREENSBORO DRIVE, SUITE 950	<b>CITY-ST-ZIP</b> MCLEAN, VA 22102		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR TRUSTEE OR RECEIVER</small>			Catherine L. Potter 4-9-04    (703) 288-3075 <small>Date    Daytime Phone #</small>		