2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000003519

1. Entity Name
UNITED AUTOCARE PRODUCTS, LLC

Principal Place of Business	Mailing Address
2555 TELEGRAPH RD.	2555 TELEGRAPH RD.
BLOOMFIELD HILLS, MI 48302	BLOOMFIELD HILLS, MI 48302

DO NOT WRITE IN THIS SPACE

01032005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
13-3922210		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

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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
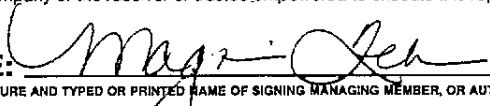
Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	UNITED AUTO GROUP, INC.
STREET ADDRESS	2555 TELEGRAPH RD.
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000333017
04/26/05-80083-005 50.00

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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.

SIGNATURE: 4/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #