2004 LIMITED LIABILITY COMPANY

FILED Mar 08, 2004 08:00 AM

	ANNUAL REPURI		00,200.000
1. Entity Name	MENT # M0300004034 (FL L.L.C.		Secretary of State
Principal Place of Business 8270 GREENSBORO DRIVE, SUITE 950 MCLEAN, VA 22102 MCLEAN, VA 22102 MCLEAN, VA 22102 MCLEAN, VA 22102			
DO NOT WRITE IN THIS SPACE			02052004 No Chg-LLC CR2E083 (10/03)
			4. FEI Number Applied For S6-2416899 Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent	<u> </u>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			DO NOT WRITE IN THIS SPACE
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, 2004 03/08/04-80091-012 50.00			
9.	MANAGING MEMBERS/MANAGERS		— ·
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR CAPITAL AUTOMOTIVE L.P. 8270 GREENSBORO DRIVE, SUITE 950 MCLEAN, VA 22102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

Catherine L. Potter

SIGNATURE:

Assistant Secretary 2-27-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE