


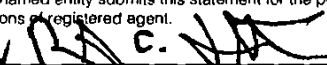
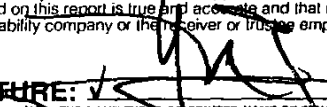
FILED  
Jan 21, 2005 8:00 am  
Secretary of State

01-21-2005 90095 031 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

20003194



<b>DOCUMENT # M04000000209</b>			
1. Entity Name <b>AMAZINN LLC</b>			
Principal Place of Business <b>6870 OKEECHOBEE BLVD WEST PALM BEACH, FL 33411</b>		Mailing Address <b>6870 OKEECHOBEE BLVD WEST PALM BEACH, FL 33411</b>	
2. Principal Place of Business <b>c/o Craig Zinn Automotive Group</b>		3. Mailing Address <b>c/o Craig Zinn Automotive Group</b>	
4. City & State <b>Hollywood, Florida</b>		5. City & State <b>Hollywood, FL</b>	
6. Zip <b>33021</b>		7. Zip <b>33021</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE, 28TH FLOOR MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent <b>Robert G. Altomare Street Address (P.O. Box Number is Not Acceptable) c/o Craig Zinn Automotive Group 2300 North State Road 7 City Hollywood, FL Zip Code 33021</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. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZINN, CRAIG M 6870 OKEECHOBEE BLVD WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARKE, PATRICIA A. 2300 N. STATE ROAD 7 HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date _____ Daytime Phone # _____	