FILED Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90095 031 ****50.00

2005 LIMITED LIABILITY COMPANY

DOCUMENT # MONOCOCO		AND TO				
DOCUMENT # M04000000 1. Entity Name AMAZINN LLC	20 9			9 0 a.	0 2 4 n c	
Principal Place of Business	Mailing Address			4001	03194	
6870 OKEECHOBEE BLVD WEST PALM BEACH, FL 33411	6870 OKEECHOBEE BL' WEST PALM BEACH, FL				•	
				 	OTA BARA BARA MAN AND ANA	
C/O Craig Zinn Automotive:	3. Mailing Address c/o Craig Zinr	Automotiv	ve liliiii	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2300 N State Road 7			01172005	Chg-LLC	CR2E083 (10/03)	
City & State	City & State		4. FEI Numb		10665	lied For
Hollywood, Florida	Hollywo	od FL Country	APPENE		\$5.00 444	Applicable
6. Name and Address of Current R	33021	USA		of Status Desired Address of New Reg	Fee Required	
AMERICAN INFORMATION CERVICES	Name	Robert G. A	ltomare			
AMÉRICAN INFORMATION SERVICES, I ONE S.E. THIRD AVE, 28TH FLOOR	Street Add	Street Address (P.O. Box Number is Not Acceptable) C/O Craig Zinn Automotive Group				
MIAMI, FL 33131						
		City		State Road	FL Zig Soda	
8. The above named entity submits this statement for	the purpose of changing its		Hollywood,	oth, in the State of Flori		
the obligations of registered agent.	who purpose or enteriging its	ragistored office or t	ogistored agent, or oc			
SIGNATURE Signature, typed or printing name of registered agent as	and this if accolionable (650)TS	Registered Agent signature	a retained when relevables		DATE	
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Filing Fee is \$50.00 Due by May 1, 2005	·		i	l	check payable to Department of State	
9. MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/C		
INDLE MGRM NAME ZINN, CRAIG M	☐ Delete	TITLE NAME		•	☐ Change	Addition
STREET ADDRESS 6870 OKEECHOBEE BLVD		STREET ADDRESS		•		
CITY-SI-ZIP WEST PALM BEACH, FL 33411		CITY-ST-ZIP	1	`	Change	Addition
TIPLE NAME	Delete	TITLE C	S DADVE DATO	TCTA A	[] Cludige	X Addition
STREET ADDRESS		STREET ADURESS	PARKE, PATR 2300 N. STA			
CITY-ST-ZIP	☐ Deteic	01711-01 211	HOLLYWOOD,		Change	Addition
ITILE NAME	L) Dexelle	NAME				
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP				
CRY-S1-ZIP	☐ Delete	TITLE			☐ Change	Addition
NAME		NAME				_
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NAME		NAME			_	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	i			
TILE	☐ Delete	TITLE			☐ Change	Addition
NAME		NAME CYDEST ADORESIS				
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with indicated on this report is true and accessed and	n this filing does not qualify for the first my signature shall have ampowered to execute this	e ine same legal elle	ict as it made under oa	am; mar i am a manag	further certify that the in ing member or manage	nformation or of the
. N\N \	١.			•		
SIGNATURE:	OF BIRMING MANAGING MEMBER, M	<u></u>		Date	Daytime Phone #	