


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000002402</b> 1. Entity Name ADVANT AUTO GROUP, LLC	
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Principal Place of Business THE CHADDS FORD BUSINESS COMPLEX 3 CHRISTY DRIVE, SUITE 201 CHADDS FORD, PA 19137	Mailing Address THE CHADDS FORD BUSINESS COMPLEX 3 CHRISTY DRIVE, SUITE 201 CHADDS FORD, PA 19137
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**DO NOT WRITE IN THIS SPACE**

06302005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-2052306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RITTER, MICHAEL 3 CHRISTY DRIVE, SUITE 201 CHADDS FORD, PA 19137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STILLMAN, THOMAS 3 CHRISTY DRIVE, SUITE 201 CHADDS FORD, PA 19137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SICINSKI, KENNETH 3 CHRISTY DRIVE, SUITE 201 CHADDS FORD, PA 19137
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U00000372079  
07/11/05-80014-014 50.00

**DO NOT WRITE  
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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: Kenneth J. Sicinski 7/5/05 610-717-1911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #