


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**


07-13-2007 90032 031 \*\*\*\*50.00

<b>DOCUMENT # M06000002132</b>	
1. Entity Name AUTO GROUP PURCHASING ORGANIZATION, LLC	

Principal Place of Business 27810 SOUTHRIDGE CIR. WESTLAKE, OH 44145	Mailing Address 27810 SOUTHRIDGE CIR. WESTLAKE, OH 44145
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2. Principal Place of Business - No P.O. Box # <b>26021 Center Ridge Rd</b>	3. Mailing Address <b>26021 Center Ridge Rd</b>
Suite, Apt. #, etc. <b>Ste. 200</b>	Suite, Apt. #, etc. <b>Ste. 200</b>
City & State <b>Westlake, OH</b>	City & State <b>Westlake, OH</b>
Zip <b>44145</b>	Zip <b>44145</b>
Country <b>US</b>	Country <b>US</b>

**60052420**



06182007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4548706</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  MACKSON, MARK S 8211 STOCKTON WAY TAMPA, FL 33647	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACKSON, MARK S 27810 SOUTHRIDGE CIR. WESTLAKE, OH 44145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Mark S. Mackson 26021 Center Ridge Rd, Ste. 200 Westlake, OH 44145 <input checked="" 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
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 exemptions contained in Chapter 119, 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:** Mark S. Mackson **7-5-2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #