

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003787

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: SMART USA DISTRIBUTOR LLC

## Current Principal Place of Business:

1765 S TELEGRAPH ROAD  
BLOOMFIELD HILLS, MI 48302

## New Principal Place of Business:

2555 TELEGRAPH RD.  
BLOOMFIELD HILLS, MI 48302

## Current Mailing Address:

2555 TELEGRAPH ROAD  
BLOOMFIELD HILLS, MI 48302

## New Mailing Address:

2555 TELEGRAPH RD.  
BLOOMFIELD HILLS, MI 48302

FEI Number: 87-0766681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: C ( ) Delete  
Name: PENSKE, ROGER S  
Address: 2555 S PENSKE  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: P (X) Delete  
Name: SCHEMBRI, DAVID  
Address: 1765 S TELEGRAPH ROAD  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: S (X) Delete  
Name: KURNICK, ROBERT H JR  
Address: 2555 TELEGRAPH ROAD  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: T (X) Delete  
Name: O'SHAUGHNESSY, ROBERT  
Address: 2555 TELEGRAPH ROAD  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: AS (X) Delete  
Name: FEHER, MAGGIE  
Address: 2555 TELEGRAPH ROAD  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: UNITED AUTO GROUP, I, NC.  
Address: 2555 TELEGRAPH RD.  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRYSTAL FICKEN

POA

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date