

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005179

FILED
Apr 17, 2008
Secretary of State

Entity Name: LEMONS CARMAX FLORIDA, LLC

Current Principal Place of Business:

15871 METGE AVENUE N.W.
ALBANY, OR 973219355

New Principal Place of Business:

5871 METGE AVENUE N.W.
ALBANY, OR 973219355

Current Mailing Address:

15871 METGE AVENUE N.W.
ALBANY, OR 973219355

New Mailing Address:

5871 METGE AVENUE N.W.
ALBANY, OR 973219355

FEI Number: 93-0780079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: LEMONS, VIRA J
Address: 15871 METGE AVENUE N.W.
City-St-Zip: ALBANY, OR 973219355

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEMONS, VIRA J
Address: 5871 METGE AVENUE N.W.
City-St-Zip: ALBANY, OR 973219355

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: VIRA J. LEMONS

PRES

04/17/2008

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