File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEF.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS  FILING FEE \$ 188.75  Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # M98000000588  MIAMI LAKES AUTOMOTIVE, L.L.C. 16600 N.W. 57TH AVENUE MIAMI FL 33014				99 HAY -3 PH 2: 14  TALLAMASEL TORIDA  1a. Principal Place of Business Address  16600 N.W. 57TH AVENUE MIAMI FL 33014			
2 Principal Place of Busin	ess 2a	a. Mailing Address	ng Address		Date Organized or Qualified 3a. State of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/09/1	.998 DE		
2010, 1 <b>4</b> 1, 210.		Solic, Apr. W. Cic.		4. FEI Number			Applied For
City & State		ity & State		52-2097666			Not Applicable
Zip Country Zip		In L.Court	Country		5. Date of Last Report		of Status Desired
Z.ID	20011119	Count	' <sup>'</sup>			S8 75 Addition	nal Fee Required
7. Name and Address of Current Registered Agent 8. f				Name and Address of New Registered Agent/Office			
3191 CORAL GABLES WAY, SUITE 1005  CORAL GABLES F'L 331.45  Suite, Apt. #, etc.  City  9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited lits registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmatias registered agent, and accept the obligations.  SIGNATURE				####188.75 ####188.75  Zip Code  FL  liability company submits this statement for the purpose of changing			
<u> </u>	1						
	ging Members/Managers		L CABLES	WAY, SUI		GABLES	

11. Ido 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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; and that my name appears in Block 10, or on an

SIGNATURE:

SIGNATURE AND TYPY THE POPULATION OF SIGNATURE MATERIAL MEDICUL MARKAGERS