

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000588

FILED
Apr 18, 2005
Secretary of State

Entity Name: MIAMI LAKES AUTOMOTIVE, L.L.C.

Current Principal Place of Business:

16600 N.W. 57TH AVENUE
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

2333 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 52-2097666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, MICHELLE
2333 PONCE DE LEON BLVD., SUITE 600
MIAMI, FL 33134 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/MEMBERS:

Title: MGR () Delete
Name: POTAMKIN, ALAN
Address: 2333 PONCE DE LEON BLVD., SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: FARR, VERONICA
Address: 2333 PONCE DE LEON BLVD., SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: FIORAVANTE, EUGENE
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: FRIEDER, BARRY
Address: 2333 PONHCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: YUSKO, DAVID
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: POTAMKIN, ROBERT
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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
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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 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 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: VERONICA FARR

MGR

04/18/2005

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