


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90032 050 \*\*\*\*50.00

**DOCUMENT # M98000000588**

1. Entity Name  
**MIAMI LAKES AUTOMOTIVE, L.L.C.**



Principal Place of Business      Mailing Address

**16600 N.W. 57TH AVENUE  
MIAMI FL 33014**      **2333 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES FL 33134**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2097666**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**YUSKO, DAVID**  
**3191 CORAL GABLES WAY, SUITE 1005**  
**CORAL GABLES FL 33145**

**7. Name and Address of New Registered Agent**

Name **MITCHELLE AUSTIN**

Street Address (P.O. Box Number is Not Acceptable) **2333 PONCE DE LEON BLVD**

Suite # **600**

City **CORAL GABLES**      FL      Code **33134**

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 *Michelle Austin*      DATE **3-21-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PLANET AUTOMOTIVE GROUP, INC. 2333 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FARR, VERONICA 2333 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
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**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 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: *David Yusko*      DATE: **3-21-03**      DAYTIME PHONE #: **305-774-7690**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**      Date      Daytime Phone #

CR2E083 (10/02)