

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 21 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # M98000001219

MOTORCAR ACCEPTANCE COMPANY, L.L.C.
920 Davis Road, Suite 307

Elgin, IL 60123

1a. Principal Place of Business Address

920 Davis Road
Suite 307
Elgin, IL 60123

2. Principal Place of Business

920 Davis Road

Suite, Apt. #, etc.

307

City & State

Elgin, IL

Zip

60123

Country

US

2a. Mailing Address

920 Davis Road

Suite, Apt. #, etc.

307

City & State

Elgin, IL

Zip

60123

Country

US

3. Date Organized or Qualified

10/21/1998

3a. State of Formation

MO

4. FEI Number

36-4197084

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ ☐

7. Name and Address of Current Registered Agent

CORPORATION SERVICE, COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name

Corporation Service, Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

Zip Code

FL

32301

9. Pursuant to the provisions of Sections 808.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGR | BRIGGS, GERALD E | 920 Davis Rd. Suite 307 | Elgin, IL 60123 |

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Gerald E. Briggs

GERALD E. BRIGGS

8/30/99

847-468-8280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #