

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

FILED

99 MAR 10 PM 1:30

SECRET  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000001581</b>  MAROONE OLDSMOBILE, LLC 110 SE 6TH STREET FT. LAUDERDALE FL 33301
---

1a. Principal Place of Business Address  110 SE 6TH STREET FT. LAUDERDALE FL 33301
---

2. Principal Place of Business 8600 Pines Blvd. Suite, Apt. #, etc. City & State Pembroke Pines, FL Zip 33024 Country USA	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 12/24/1998	3a. State of Formation DE	4. FEI Number 52-2135875 <del>APPLIED FOR</del> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
---	--	--	------------------------------	--	------------------------	---

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office Name 18875 Street Address (P.O. Box Number is Not Acceptable) 700002819057-01 Suite, Apt. #, etc. -03/25/98-01115-007 ****188.75 ****188.75 City FL Zip Code
---	---

9. Pursuant to the provisions of Sections 608.416 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 a change is made)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	COLE, JAMES O	110 SE 6TH STREET	FT. LAUDERDALE FL
MGR	HAWKINS, THOMAS W	110 SE 6TH STREET	FT. LAUDERDALE FL
			dca

11. I do 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 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: James O. Cole 3/3/99 (954) 769-6000

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