2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99-923

1. Entity Name

HOLIDAY CHEVROLET-OLDSMOBILE L.L.C.

Principal Place of Business	Mailing Address
4306 Pablo Oaks Jacksonville, FL 32224	4306 Pablo Oaks Jacksonville, FL 32224

FILED
01 JAN 31 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3550 W. 13th Street		P.O. Box 470097	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St. Cloud, Florida		City & State: Celebration, Florida	
Zip: 34769	Country: Osceola	Zip: 34747	Country: Osceola

4. FEI Number: 593580821 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Tomm, Charlie (C.B.)
4306 Pablo Oaks Court
Jacksonville, FL 32224

7. Name and Address of New Registered Agent

Name: John B. Ritch
Street Address (P.O. Box Number is Not Acceptable): 100 Church Street
City: Kissimmee, FL Zip Code: 34741

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.

SIGNATURE [signature] John B. Ritch 1/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Alan C. Starling 671 Front Street, Suite 220 Celebration, FL 34747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003656976--6 -02/08/01--01012--010 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: [signature] Alan C. Starling 1/19/01 (407) 566-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #