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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

APPROVED

00 JUN 28 AM 9: 12 Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE 800005517548---7 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE --07/10/00----01020----027 Name and Mailing Address of Limited Liability Company DOCUMENT # M9900000 1242 来来来来写[]。[1] *******[1]。[10] AUTOTRADER. COM, LLC 1a. Principal Place of Business Address 1400 LAKE HEARN DRIVE, N.E. 1400 LAKE HEARN DRIVE, N.E. ATLANTA GA 30319 ATLANTA GA 30319 2a. Mailing Address 3. Date Organized or Qualified 2. Principal Place of Business 3a. State of Formation 12-18-1997 -Suite, Apt. #, etc. ---Suite, Apt: #, etc. - - ----4. FEI Number Applied For *58=2*373904 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 4/15-199 S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office 1201 HAYS ST. TALLAHASSEE, FL 32301 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 (Registered Agent Accepting Appointment) (NOTE, Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code Managing Members/Managers MGR MANHEIM ATC, INC. 1400 LAKE HEARN DRIVE, N.E.

11. Ido 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:

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