# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
CORAL SPRINGS AUTO MALL 401(K) RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1994

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
PAGE BROTHERS ASSOCIATES, INC. D/B/A CORAL SPRINGS HONDA

9400 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071-6948

**2b** Employer Identification Number (EIN)
59-2317215

**2c** Sponsor's telephone number
954-755-7400

**2d** Business code (see instructions)
441110

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/27/2011 | CINDY MORROW |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
PAGE BROTHERS ASSOCIATES, INC. D/B/A CORAL SPRINGS HONDA

9400 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071-6948

**3b** Administrator's EIN
59-2317215

**3c** Administrator's telephone number
954-755-7400

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 229 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 194 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 44 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 238 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 238 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 213 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 20 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 2G 2J 2K 2S 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | X | **D** (DFE/Participating Plan Information) |
| **(6)** | | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
CORAL SPRINGS AUTO MALL 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PAGE BROTHERS ASSOCIATES, INC. D/B/A CORAL SPRINGS HONDA

**D** Employer Identification Number (EIN)
59-2317215

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BANK OF AMERICA, N.A.

94-1687665

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 52 56 59 60 62 63 72 | RECORDKEEPER | 7801 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
CORAL SPRINGS AUTO MALL 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
PAGE BROTHERS ASSOCIATES, INC. D/B/A CORAL SPRINGS HONDA

**D** Employer Identification Number (EIN)
59-2317215

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST

**b** Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 22-6484011-001 | C | 674592 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
CORAL SPRINGS AUTO MALL 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PAGE BROTHERS ASSOCIATES, INC. D/B/A CORAL SPRINGS HONDA

**D** Employer Identification Number (EIN)
59-2317215

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | 50 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | 1321 |
| **(2)** Participant contributions | 1b(2) | | 7630 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 596 | 596 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 230389 | 228973 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 810755 | 674592 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2295739 | 2661204 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 3337479 | 3574366 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3337479 | 3574366 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 42891 | |
| | **(B)** Participants | 2a(1)(B) | 287215 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 330106 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 11557 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 11557 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 39340 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 39340 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **2b** | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |
| | **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 58811 |
| | **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| | **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| | **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| | **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 270205 |
| **c** | Other income | 2c | | |
| **d** | Total income. Add all **income** amounts in column (b) and enter total | 2d | | 710019 |
| | **Expenses** | | | |
| **e** | Benefit payment and payments to provide benefits: | | | |
| | **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 444195 | |
| | **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| | **(3)** Other | 2e(3) | | |
| | **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 444195 |
| **f** | Corrective distributions (see instructions) | 2f | | 5311 |
| **g** | Certain deemed distributions of participant loans (see instructions) | 2g | | 11548 |
| **h** | Interest expense | 2h | | |
| **i** | Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| | **(2)** Contract administrator fees | 2i(2) | | |
| | **(3)** Investment advisory and management fees | 2i(3) | | |
| | **(4)** Other | 2i(4) | 12078 | |
| | **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 12078 |
| **j** | Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 473132 |
| | **Net Income and Reconciliation** | | | |
| **k** | Net income (loss). Subtract line **2j** from line **2d** | 2k | | 236887 |
| **l** | Transfers of assets: | | | |
| | **(1)** To this plan | 2l(1) | | |
| | **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: HOMES, LOWRY, HORN & JOHNSON, LTD. **(2)** EIN: 54-0975470

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
CORAL SPRINGS AUTO MALL 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PAGE BROTHERS ASSOCIATES, INC. D/B/A CORAL SPRINGS HONDA

**D** Employer Identification Number (EIN)
59-2317215

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-1687665

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# CORAL SPRINGS AUTO MALL
# 401(k) RETIREMENT PLAN

## FINANCIAL REPORT

**December 31, 2010 and 2009**

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HOMES
LOWRY
HORN &
JOHNSON
L T D

*A professional corporation • Certified Public Accountants*

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrators
Coral Springs Auto Mall 401(k) Retirement Plan
Coral Springs FL

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Coral Springs Auto Mall 401(k) Retirement Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2010 and the supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2010. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. The Plan administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Homes, Lowry, Horn & Johnson, Ltd.

September 16, 2011

3998 Fair Ridge Drive, Suite 360 • Fairfax Virginia, 22033-2907 • Phone 703.281.4880 • FAX 703.281.4522

*Richard J. Leonard • Roger W. Overton • Catherine L. Eberly • Gail E. Chambers • Kathleen M. Poorbaugh • Walter C. Burger*

INPACT

**CORAL SPRINGS AUTO MALL**
**401(k) RETIREMENT PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
**December 31, 2010 and 2009**

| **ASSETS** | 2010 | 2009 |
|---|---|---|
| Investments, at fair value: | | |
| Mutual funds | $ 2,661,204 | $ 2,295,739 |
| Common collective trust | 674,592 | 810,755 |
| Total investments, at fair value | 3,335,796 | 3,106,494 |
| Notes receivable from participants | 228,973 | 230,389 |
| Receivables: | | |
| Employer contributions | 7,630 | - |
| Participant contributions | 1,321 | - |
| Total receivables | 8,951 | - |
| Accrued income | 646 | 596 |
| **Total assets** | 3,574,366 | 3,337,479 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | - | 58,811 |
| **Net assets available for plan benefits** | $ 3,574,366 | $ 3,396,290 |

*The accompanying notes are an integral part of these financial statements.*

**CORAL SPRINGS AUTO MALL**
**401(k) RETIREMENT PLAN**

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
**Year Ended December 31, 2010**

| | |
|---|---|
| Investment income : | |
| Net appreciation in fair value of investments | $ 270,205 |
| Dividends | 39,340 |
| | 309,545 |
| Interest on notes receivable from participants | 11,557 |
| Contributions: | |
| Participants | 287,215 |
| Employer | 42,891 |
| | 330,106 |
| **Total increase** | 651,208 |
| Benefits paid | 461,054 |
| Other | 4,297 |
| Administrative expenses | 7,781 |
| **Total decrease** | 473,132 |
| **Net increase in net assets available for plan benefits** | 178,076 |
| **Net assets available for plan benefits:** | |
| **Beginning of year** | 3,396,290 |
| **End of year** | $ 3,574,366 |

*The accompanying notes are an integral part of these financial statements.*

## CORAL SPRINGS AUTO MALL 401(k) RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Plan Description

The following description of the Coral Springs Auto Mall 401(k) Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### General

The plan is a defined contribution plan and was established on January 1, 1994. The Plan holds and invests contributions made by the participants and the Plan sponsors, Page Brothers Associates, Inc., d/b/a Coral Springs Honda; Coral Oldsmobile, Inc.; and Coral Springs Nissan, Inc. (Company or Plan sponsor). The Plan sponsor has appointed Bank of America, N.A. (Trustee) to be the trustee and custodian of the Plan's assets The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### Participation and contributions

The Plan covers all employees of the Company who have attained 18 years of age and have at least one year of service. The participants direct the contributions into their choice of available investment options. Each year, participants may contribute up to 15% of their pretax annual compensation, as defined by the Plan. Pursuant to salary reduction agreements between the company and Plan participants, participants may make pre-tax contributions of up to $16,500 ($22,000 for those 50 years of age or older). Company contributions to the Plan are discretionary, subject to certain limitations. The Plan provisions include an automatic enrollment of elective deferral contributions. As a result, unless an eligible employee elects not to participate in the Plan, the employee shall be deemed to have elected a pre-tax contribution of 3% of his or her Plan compensation.

#### Participant accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan's earnings, and charged with an allocation of administrative expenses and Plan losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Rollover contributions

The Plan allows rollover contributions from other qualified plans.

#### Payment of benefits

Upon termination of employment, retirement, disability or death, a participant's contributions and the related Plan sponsor contributions shall be paid as soon as administratively possible.

## Note 1. Plan Description (continued)

### Vesting

Participants are 100% vested in their contributions to the Plan. Vesting in employer matching contributions is based on the participant's number of years of service. Generally, a participant is credited with one year of service for each Plan year during which he or she works 1,000 hours. Vesting of Company contributions is based on the following vesting schedule:

| Years of Service | Vesting Percentage |
|---|---|
| 1 year | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 or more years | 100% |

Regardless of years of service, participant accounts are 100% vested when a participant reaches normal retirement age, becomes permanently disabled, or dies.

### Notes receivable from participants

Participants may borrow the lesser of $50,000 or 50% of their vested account balance. In most instances, the repayment period of these loans shall not exceed five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan sponsor. At December 31, 2010 and 2009, interest rates ranged from 4.25% to 10.50%.

## Note 2. Significant Accounting Policies

### Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting, in conformity with accounting principles generally accepted in the United States of America.

### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Due to their prospective nature, actual results could differ from those estimates.

### Payment of benefits

Benefits are recorded when paid.

**Note 2. Significant Accounting Policies (continued)**

**Valuation of investments and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for plan benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of the Plan's investments includes unrealized appreciation (depreciation) on investments as well as realized gains and losses on investments sold during the year.

**New accounting pronouncements**

In January 2010, the FASB issued ASU No. 2010-06, Fair Value Measurements and Disclosures (ASU No. 2010-06), which amends ASC 820, Fair Value Measurements and Disclosures, by adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activities of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption of ASU 2010-06 did not have any effect on the Plan's net assets available for plan benefits or its changes in net assets available for plan benefits.

In September 2010, the FASB issued ASU No. 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans, (ASU No. 2010-25), ASU No. 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and classified as notes receivable from participants. Previously loans were measured at fair value and classified as investments. ASU 2010-25 is effective for years ending after December 15, 2010 and is required to be applied retrospectively. Adoption of ASU 2010-25 did not change the value of participant loans from the amount previously reported as of December 31, 2009. Participant loans have been reclassified to notes receivable from participants as of December 31, 2009.

**Note 2. Significant Accounting Policies (continued)**

**Notes receivable from participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Note 3. Investments**

The following investments represent 5% or more of the Plan's net assets as of December 31:

| | 2010 | 2009 |
|---|---|---|
| Merrill Lynch Retirement Preservation Trust | $ 567,508 | $ 736,554 |
| MFS Emerging Growth Fund A | 574,744 | 515,127 |
| Blackrock Balanced Capital Fund A | 233,671 | 209,220 |
| Blackrock Total Return Portfolio GM | 239,073 | 181,169 |
| MFS Research Fund | 281,436 | 231,223 |
| Massachusetts Investors Trust | 290,824 | 250,692 |

During 2010, the Plan's investments in mutual funds (including gains and losses on investments bought, sold, and held during the year) appreciated by $270,205.

**Note 4. Fully Benefit-Responsive Investment Contract**

One of the investment options available to participants is a common collective trust, which is a fully benefit-responsive investment contract. As discussed in Note 2, contract value is the relevant measurement attribute for the portion of net assets available for plan benefits attributable to a fully benefit-responsive investment contract. In October 2010, the common collective trust was restructured, and as of December 31, 2010, the trust is no longer reported at contract value.

In March 2011, the trust was liquidated and all trust units were redeemed or exchanged at the net asset value per unit of $1.00.

**Note 5. Unaudited Information Prepared and Certified by Trustee**

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements that was prepared by or derived from information prepared by the Trustee and furnished to the Plan administrator. The Plan sponsor has obtained certifications from the Trustee that the following information is complete and accurate as of December 31, 2010 and 2009 and for the year ended December 31, 2010:

**Note 5. Unaudited Information Prepared and Certified by Trustee (continued)**

| | 2010 | 2009 |
|---|---|---|
| Investments, at fair value | $ 3,335,796 | $ 3,106,494 |
| Investment income: | | |
| Net realized and unrealized appreciation in fair value of investments | $ 270,205 | |
| Dividends | 39,340 | |
| Total investment income | $ 309,545 | |
| Interest on notes receivable from participants | $ 11,557 | |

In addition, all information in Notes 3 and 6 and the supplemental schedule H, line 4i – schedule of assets (held at end of year) was prepared and certified by the Trustee.

**Note 6. Fair Value Measurements**

Accounting standards related to fair value measurements establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1: Unadjusted quoted prices in active markets for identical assets and liabilities.
- Level 2: Observable inputs other than those included in Level 1. For example, quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets.
- Level 3: Unobservable inputs reflecting assumptions about the inputs used in pricing the asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**Note 6. Fair Value Measurements (continued)**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

*Mutual funds*: Valued at the net asset value of shares held by the Plan at year-end.

*Common collective trust*: Valued at unit value as reported by the investment manager using the audited financial statements of the trust at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth the Plan's assets by level, within the fair value hierarchy:

Assets at Fair Value as of December 31, 2010

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Allocation funds | $ 81,397 | $ - | $ - | $ 81,397 |
| Bond/fixed income | 298,667 | - | - | 298,667 |
| Equity/stock | 2,281,140 | - | - | 2,281,140 |
| Common collective trust | - | 674,592 | - | 674,592 |
| Total assets at fair value | $ 2,661,204 | $ 674,592 | $ - | $ 3,335,796 |

Assets at Fair Value as of December 31, 2009

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Allocation funds | $ 73,022 | $ - | $ - | $ 73,022 |
| Bond/fixed income | 220,346 | - | - | 220,346 |
| Equity/stock | 2,002,371 | - | - | 2,002,371 |
| Common collective trust | - | 810,755 | - | 810,755 |
| Total assets at fair value | $ 2,295,739 | $ 810,755 | $ - | $ 3,106,494 |

## Note 7. Administration of Plan Assets

In practice, the Plan sponsor has paid some of the administrative expenses of the Plan. Expenses that are not paid by the Plan sponsor are deducted from the Plan's assets.

## Note 8. Forfeitures

Forfeitures of employer matching contributions are used to reduce future employer matching contributions. The forfeitures account at December 31, 2010 and 2009, was $4,014 and $9,198, respectively. In 2010 and 2009, funds used from the forfeitures account to reduce the employer matching contributions were $6,165 and $4,860, respectively.

## Note 9. Related Party Transactions

In 2009 Merrill Lynch Bank & Trust Co., FSB merged into Bank of America, N.A. Plan investments in common collective trust funds are managed by Bank of America, N.A. Bank of America, N.A., is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services totaled $7,781 for the year ended December 31, 2010.

## Note 10. Plan Termination

Although they have not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue their contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Trust assets will be distributed to participants and beneficiaries in proportion to their respective account balances after payment of any expenses.

## Note 11. Tax Status

The Merrill Lynch Prototype Non-standardized Profit Sharing Plan with CODA which is the basis for the Coral Springs Auto Mall 401(k) Retirement Plan, has obtained a determination letter dated March 31,2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The current version of the Plan has been amended to conform to the most recent requirements of the tax laws. The Plan sponsor and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**Note 11. Tax Status (continued)**

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan sponsor believes it is no longer subject to income tax examinations for years prior to 2007.

**Note 12. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

**Note 13. Reconciliation of Financial Statement to Form 5500**

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500 as of December 31:

| | 2010 | 2009 |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $ 3,574,366 | $ 3,396,290 |
| Adjustment from contract value to fair value for fully benefit-responsive contracts | - | (58,811) |
| Net assets available for plan benefits per the Form 5500 | $ 3,574,366 | $ 3,337,479 |

The following is a reconciliation of the increase in net assets available for plan benefits per the financial statements to the Form 5500 for the year ended December 31, 2010:

| | |
|---|---|
| Net increase in net assets available for plan benefits per the financial statements | $ 178,076 |
| Change in adjustment from contract value to fair value | 58,811 |
| Net increase in net assets available for plan benefits per the Form 5500 | $ 236,887 |

## Note 14. Subsequent Events

Management has evaluated events and transactions for potential recognition or disclosure through the date of the independent auditor's report, which is the date the financial statements were available to be issued. Except as discussed in Note 4, no significant subsequent events were identified.

# CORAL SPRINGS AUTO MALL
# 401(k) RETIREMENT PLAN

## SUPPLEMENTAL SCHEDULE

**December 31, 2010**

## CORAL SPRINGS AUTO MALL 401(k) RETIREMENT PLAN

## EMPLOYERS IDENTIFICATION NO. 59-2317215
## PLAN IDENTIFICATION NO. 02

## SUPPLEMENTAL SCHEDULE
## Schedule H, Line 4i -
## Schedule of Assest (Held at End of Year)

## December 31, 2010

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Merrill Lynch Retirement Preservation Trust | Common Collective Trust | N/A | $ 567,508 |
| | Blackrock Global Dyn Equity A | Mutual Fund | N/A | 15,328 |
| | Blackrock Capital Apprc CL A | Mutual Fund | N/A | 136,563 |
| | MFS Emerging Growth Fund A | Mutual Fund | N/A | 574,744 |
| | MFS Emerging Growth Fund GM | Mutual Fund | N/A | 3,739 |
| | Davis Series Financial Fund A | Mutual Fund | N/A | 31,063 |
| | Blackrock Basis Value Fund A | Mutual Fund | N/A | 174,637 |
| | Blackrock Basis Value Fund A GM | Mutual Fund | N/A | 22,982 |
| | Blackrock Balanced Capital Fund A | Mutual Fund | N/A | 233,671 |
| | Blackrock High Income Fund A | Mutual Fund | N/A | 24,061 |
| | Blackrock Total Return Portfolio | Mutual Fund | N/A | 35,533 |
| | Blackrock Total Return Portfolio GM | Mutual Fund | N/A | 239,073 |
| | Blackrock Global Allocation A | Mutual Fund | N/A | 47,020 |
| | Blackrock Global Allocation A GM | Mutual Fund | N/A | 34,377 |
| | Blackrock Healthcare A | Mutual Fund | N/A | 59,038 |
| | Blackrock Value Opportunities A | Mutual Fund | N/A | 59,614 |
| | Blackrock Value Opportunities A GM | Mutual Fund | N/A | 7,552 |
| * | Merrill Lynch Retirement Preservation Trust GM | Common Collective Trust | N/A | 107,084 |
| | Blackrock Midcap Value Opportunity A | Mutual Fund | N/A | 30,978 |
| | Blackrock Midcap Value Opportunity A GM | Mutual Fund | N/A | 7,489 |
| | Nuveen Santa Barbara Dividend | Mutual Fund | N/A | 51,488 |
| | Alliance Bernstein Global Technology Fund A | Mutual Fund | N/A | 16,144 |
| | Alliance Bernstein Growth and Income A | Mutual Fund | N/A | 7,211 |
| | Oppenheimer Rising Dividends | Mutual Fund | N/A | 24,550 |
| | Oppenheimer Main Street Fund A | Mutual Fund | N/A | 547 |
| | Alliance Bernstein Large Cap Growth A | Mutual Fund | N/A | 279 |
| | Massachusetts Investors Trust | Mutual Fund | N/A | 290,824 |
| | MFS Research Fund | Mutual Fund | N/A | 281,436 |
| | Davis NY Venture Fund A | Mutual Fund | N/A | 85,473 |
| | Davis NY Venture Fund A GM | Mutual Fund | N/A | 45,655 |
| | Oppenheimer Cap | Mutual Fund | N/A | 74,821 |
| | Oppenheimer Cap GM | Mutual Fund | N/A | 45,314 |
| * | Participant Loans | 4.25% to 10.50% | -0- | 228,973 |
| | | | | $ 3,564,769 |

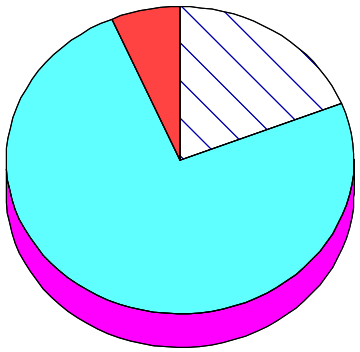
* Represents party-in-interest transactions

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

CORAL SPRINGS AUTO MALL
401(K) PLAN
CONSOLIDATION

## ALLOCATION OF PLAN ASSETS



- 18.92% COMMON / COLLECTIVE TRUSTS
- 6.42% LOANS
- 0.02% ACCRUED INCOME
- 74.64% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| COMMON / COLLECTIVE TRUSTS | | | | | |
| ML RET PRESERVATION TRUST | 567,508.0700 | 1.000 | 567,508.07 | 567,508.07 | 15.92% |
| ML RET PRES TRUST GM | 107,084.0200 | 1.000 | 107,084.02 | 107,084.02 | 3.00% |
| TOTAL COMMON / COLLECTIVE TRUSTS | | | 674,592.09 | 674,592.09 | 18.92% |
| MUTUAL FUNDS | | | | | |
| BLACKROCK GLBL DYN EQ A | 1,226.2597 | 12.500 | 15,177.56 | 15,328.25 | 0.43% |
| NUVEEN SANTA BARBARA DIVIDEND | 2,181.6864 | 23.600 | 38,747.63 | 51,487.80 | 1.44% |
| BLACKROCK CAPITAL APPRC CL A | 5,940.1305 | 22.990 | 121,332.58 | 136,563.60 | 3.83% |
| MFS GROWTH FUND CL A | 13,720.3197 | 41.890 | 554,820.72 | 574,744.19 | 16.12% |
| MFS GROWTH FUND CL A GM | 89.2638 | 41.890 | 3,457.07 | 3,739.26 | 0.10% |
| OPPENHEIMER MAIN STREET FD A | 16.9036 | 32.390 | 489.97 | 547.51 | 0.02% |

Balances include the effect of pending trades

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

CORAL SPRINGS AUTO MALL
401(K) PLAN
CONSOLIDATION

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| DAVIS SERIES FINANCIAL FD CL A | 978.0428 | 31.760 | 26,527.51 | 31,062.64 | 0.87% |
| BLACKROCK BASIC VALUE A | 6,824.4054 | 25.590 | 210,604.41 | 174,636.53 | 4.90% |
| BLACKROCK BASIC VALUE A GM | 898.0781 | 25.590 | 24,814.20 | 22,981.82 | 0.64% |
| BLACKROCK BAL CAPITAL A | 10,960.1713 | 21.320 | 262,672.24 | 233,670.85 | 6.55% |
| BLACKROCK HIGH INC FD A | 5,023.1117 | 4.790 | 23,830.87 | 24,060.71 | 0.67% |
| BLACKROCK TOTAL RETURN PORTFOL | 3,195.4075 | 11.120 | 34,959.71 | 35,532.93 | 1.00% |
| BLACKROCK TOTAL RETURN PORT GM | 21,499.3443 | 11.120 | 227,122.25 | 239,072.71 | 6.71% |
| BLACKROCK GLOBAL ALLOC A | 2,421.2154 | 19.420 | 44,457.87 | 47,020.00 | 1.32% |
| BLACKROCK GLOBAL ALLOC A GM | 1,770.1968 | 19.420 | 32,577.91 | 34,377.22 | 0.96% |
| BLACKROCK HEALTHCARE A | 10,561.3905 | 5.590 | 64,533.54 | 59,038.17 | 1.66% |
| BLACKROCK VALUE OPPS A | 3,122.7954 | 19.090 | 67,724.23 | 59,614.16 | 1.67% |
| BLACKROCK VALUE OPPS A GM | 395.5978 | 19.090 | 7,849.96 | 7,551.96 | 0.21% |
| BLACKROCK MDCP VAL OPP A | 1,861.6740 | 16.640 | 28,572.88 | 30,978.26 | 0.87% |
| BLACKROCK MDCP VAL OPP A GM | 450.0408 | 16.640 | 7,362.01 | 7,488.68 | 0.21% |
| ALLNCBRNSTN GLOBAL THEMATIC A | 209.2309 | 77.160 | 13,419.55 | 16,144.26 | 0.45% |
| ALLIANCEBER GROWTH AND INC A | 2,185.0772 | 3.300 | 9,786.09 | 7,210.75 | 0.20% |
| OPPENHEIMER RISING DIVIDENDS | 1,582.8421 | 15.510 | 24,314.87 | 24,549.88 | 0.69% |
| ALLBRNSTN LARGE CAP GROWTH A | 11.2648 | 24.770 | 253.12 | 279.03 | 0.01% |
| MASS. INVESTORS TRUST | 15,131.3296 | 19.220 | 309,191.26 | 290,824.15 | 8.16% |
| MFS RESEARCH FUND | 11,275.4703 | 24.960 | 277,569.22 | 281,435.74 | 7.89% |
| DAVIS NY VENTURE FD CL A | 2,489.0152 | 34.340 | 78,415.13 | 85,472.78 | 2.40% |

Balances include the effect of pending trades

# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

CORAL SPRINGS AUTO MALL
401(K) PLAN
CONSOLIDATION

| Investment Category | Shares/ Units | Price/ NAV | Cost/Book Value | Market Value | % Total Value |
|---|---|---|---|---|---|
| DAVIS NY VENTURE FD CL A GM | 1,329.4930 | 34.340 | 46,647.48 | 45,654.79 | 1.28% |
| OPPENHEIMER CAPITAL | 1,716.8682 | 43.580 | 56,669.92 | 74,821.12 | 2.10% |
| OPPENHEIMER CAP GM | 1,039.7817 | 43.580 | 44,508.10 | 45,313.69 | 1.27% |
| TOTAL MUTUAL FUNDS | | | 2,658,409.86 | 2,661,203.44 | 74.64% |
| LOANS | | | | | |
| LOAN FUND | 228,973.3400 | 1.000 | 228,973.34 | 228,973.34 | 6.42% |
| PENDING SETTLEMENT FUNDS | | | | | |
| PENDING SETTLEMENT FUND | 50.0000 | 1.000 | 50.00 | 50.00 | 0.00% |
| INVESTMENT TOTAL | | | 3,562,025.29 | 3,564,818.87 | 99.98% |
| UNINVESTED CASH | | | 0.00 | 0.00 | 0.00% |
| ACCRUED INCOME | | | 595.92 | 595.92 | 0.02% |
| CASH | | | 0.00 | 0.00 | 0.00% |
| TOTAL ASSETS | | | 3,562,621.21 | 3,565,414.79 | 100.00% |

The balance in the cash fund may be temporarily invested in the BIF Money Fund. Additional amounts not reported as cash may also be invested in the BIF Money Fund pending settlement of trades.

Balances include the effect of pending trades





# CORAL SPRINGS AUTO MALL
# 401(k) RETIREMENT PLAN

## FINANCIAL REPORT

**December 31, 2010 and 2009**

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HOMES
LOWRY
HORN &
JOHNSON
L T D

*A professional corporation • Certified Public Accountants*

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrators
Coral Springs Auto Mall 401(k) Retirement Plan
Coral Springs FL

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Coral Springs Auto Mall 401(k) Retirement Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2010 and the supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2010. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. The Plan administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Homes, Lowry, Horn & Johnson, Ltd.

September 16, 2011

3998 Fair Ridge Drive, Suite 360 • Fairfax Virginia, 22033-2907 • Phone 703.281.4880 • FAX 703.281.4522

*Richard J. Leonard • Roger W. Overton • Catherine L. Eberly • Gail E. Chambers • Kathleen M. Poorbaugh • Walter C. Burger*

INPACT

**CORAL SPRINGS AUTO MALL**
**401(k) RETIREMENT PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
**December 31, 2010 and 2009**

| **ASSETS** | 2010 | 2009 |
|---|---|---|
| Investments, at fair value: | | |
| Mutual funds | $ 2,661,204 | $ 2,295,739 |
| Common collective trust | 674,592 | 810,755 |
| Total investments, at fair value | 3,335,796 | 3,106,494 |
| Notes receivable from participants | 228,973 | 230,389 |
| Receivables: | | |
| Employer contributions | 7,630 | - |
| Participant contributions | 1,321 | - |
| Total receivables | 8,951 | - |
| Accrued income | 646 | 596 |
| **Total assets** | 3,574,366 | 3,337,479 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | - | 58,811 |
| **Net assets available for plan benefits** | $ 3,574,366 | $ 3,396,290 |

*The accompanying notes are an integral part of these financial statements.*

**CORAL SPRINGS AUTO MALL**
**401(k) RETIREMENT PLAN**

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
**Year Ended December 31, 2010**

| | |
|---|---|
| Investment income : | |
| Net appreciation in fair value of investments | $ 270,205 |
| Dividends | 39,340 |
| | 309,545 |
| Interest on notes receivable from participants | 11,557 |
| Contributions: | |
| Participants | 287,215 |
| Employer | 42,891 |
| | 330,106 |
| **Total increase** | 651,208 |
| Benefits paid | 461,054 |
| Other | 4,297 |
| Administrative expenses | 7,781 |
| **Total decrease** | 473,132 |
| **Net increase in net assets available for plan benefits** | 178,076 |
| **Net assets available for plan benefits:** | |
| **Beginning of year** | 3,396,290 |
| **End of year** | $ 3,574,366 |

*The accompanying notes are an integral part of these financial statements.*

## CORAL SPRINGS AUTO MALL 401(k) RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Plan Description

The following description of the Coral Springs Auto Mall 401(k) Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### General

The plan is a defined contribution plan and was established on January 1, 1994. The Plan holds and invests contributions made by the participants and the Plan sponsors, Page Brothers Associates, Inc., d/b/a Coral Springs Honda; Coral Oldsmobile, Inc.; and Coral Springs Nissan, Inc. (Company or Plan sponsor). The Plan sponsor has appointed Bank of America, N.A. (Trustee) to be the trustee and custodian of the Plan's assets The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### Participation and contributions

The Plan covers all employees of the Company who have attained 18 years of age and have at least one year of service. The participants direct the contributions into their choice of available investment options. Each year, participants may contribute up to 15% of their pretax annual compensation, as defined by the Plan. Pursuant to salary reduction agreements between the company and Plan participants, participants may make pre-tax contributions of up to $16,500 ($22,000 for those 50 years of age or older). Company contributions to the Plan are discretionary, subject to certain limitations. The Plan provisions include an automatic enrollment of elective deferral contributions. As a result, unless an eligible employee elects not to participate in the Plan, the employee shall be deemed to have elected a pre-tax contribution of 3% of his or her Plan compensation.

#### Participant accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan's earnings, and charged with an allocation of administrative expenses and Plan losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Rollover contributions

The Plan allows rollover contributions from other qualified plans.

#### Payment of benefits

Upon termination of employment, retirement, disability or death, a participant's contributions and the related Plan sponsor contributions shall be paid as soon as administratively possible.

## Note 1. Plan Description (continued)

### Vesting

Participants are 100% vested in their contributions to the Plan. Vesting in employer matching contributions is based on the participant's number of years of service. Generally, a participant is credited with one year of service for each Plan year during which he or she works 1,000 hours. Vesting of Company contributions is based on the following vesting schedule:

| Years of Service | Vesting Percentage |
|---|---|
| 1 year | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 or more years | 100% |

Regardless of years of service, participant accounts are 100% vested when a participant reaches normal retirement age, becomes permanently disabled, or dies.

### Notes receivable from participants

Participants may borrow the lesser of $50,000 or 50% of their vested account balance. In most instances, the repayment period of these loans shall not exceed five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan sponsor. At December 31, 2010 and 2009, interest rates ranged from 4.25% to 10.50%.

## Note 2. Significant Accounting Policies

### Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting, in conformity with accounting principles generally accepted in the United States of America.

### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Due to their prospective nature, actual results could differ from those estimates.

### Payment of benefits

Benefits are recorded when paid.

**Note 2. Significant Accounting Policies (continued)**

**Valuation of investments and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for plan benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of the Plan's investments includes unrealized appreciation (depreciation) on investments as well as realized gains and losses on investments sold during the year.

**New accounting pronouncements**

In January 2010, the FASB issued ASU No. 2010-06, Fair Value Measurements and Disclosures (ASU No. 2010-06), which amends ASC 820, Fair Value Measurements and Disclosures, by adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activities of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption of ASU 2010-06 did not have any effect on the Plan's net assets available for plan benefits or its changes in net assets available for plan benefits.

In September 2010, the FASB issued ASU No. 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans, (ASU No. 2010-25), ASU No. 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and classified as notes receivable from participants. Previously loans were measured at fair value and classified as investments. ASU 2010-25 is effective for years ending after December 15, 2010 and is required to be applied retrospectively. Adoption of ASU 2010-25 did not change the value of participant loans from the amount previously reported as of December 31, 2009. Participant loans have been reclassified to notes receivable from participants as of December 31, 2009.

**Note 2. Significant Accounting Policies (continued)**

**Notes receivable from participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Note 3. Investments**

The following investments represent 5% or more of the Plan's net assets as of December 31:

| | 2010 | 2009 |
|---|---|---|
| Merrill Lynch Retirement Preservation Trust | $ 567,508 | $ 736,554 |
| MFS Emerging Growth Fund A | 574,744 | 515,127 |
| Blackrock Balanced Capital Fund A | 233,671 | 209,220 |
| Blackrock Total Return Portfolio GM | 239,073 | 181,169 |
| MFS Research Fund | 281,436 | 231,223 |
| Massachusetts Investors Trust | 290,824 | 250,692 |

During 2010, the Plan's investments in mutual funds (including gains and losses on investments bought, sold, and held during the year) appreciated by $270,205.

**Note 4. Fully Benefit-Responsive Investment Contract**

One of the investment options available to participants is a common collective trust, which is a fully benefit-responsive investment contract. As discussed in Note 2, contract value is the relevant measurement attribute for the portion of net assets available for plan benefits attributable to a fully benefit-responsive investment contract. In October 2010, the common collective trust was restructured, and as of December 31, 2010, the trust is no longer reported at contract value.

In March 2011, the trust was liquidated and all trust units were redeemed or exchanged at the net asset value per unit of $1.00.

**Note 5. Unaudited Information Prepared and Certified by Trustee**

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements that was prepared by or derived from information prepared by the Trustee and furnished to the Plan administrator. The Plan sponsor has obtained certifications from the Trustee that the following information is complete and accurate as of December 31, 2010 and 2009 and for the year ended December 31, 2010:

**Note 5. Unaudited Information Prepared and Certified by Trustee (continued)**

| | 2010 | 2009 |
|---|---|---|
| Investments, at fair value | $ 3,335,796 | $ 3,106,494 |
| Investment income: | | |
| Net realized and unrealized appreciation in fair value of investments | $ 270,205 | |
| Dividends | 39,340 | |
| Total investment income | $ 309,545 | |
| Interest on notes receivable from participants | $ 11,557 | |

In addition, all information in Notes 3 and 6 and the supplemental schedule H, line 4i – schedule of assets (held at end of year) was prepared and certified by the Trustee.

**Note 6. Fair Value Measurements**

Accounting standards related to fair value measurements establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1: Unadjusted quoted prices in active markets for identical assets and liabilities.
- Level 2: Observable inputs other than those included in Level 1. For example, quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets.
- Level 3: Unobservable inputs reflecting assumptions about the inputs used in pricing the asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**Note 6. Fair Value Measurements (continued)**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

*Mutual funds*: Valued at the net asset value of shares held by the Plan at year-end.

*Common collective trust*: Valued at unit value as reported by the investment manager using the audited financial statements of the trust at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth the Plan's assets by level, within the fair value hierarchy:

Assets at Fair Value as of December 31, 2010

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Allocation funds | $ 81,397 | $ - | $ - | $ 81,397 |
| Bond/fixed income | 298,667 | - | - | 298,667 |
| Equity/stock | 2,281,140 | - | - | 2,281,140 |
| Common collective trust | - | 674,592 | - | 674,592 |
| Total assets at fair value | $ 2,661,204 | $ 674,592 | $ - | $ 3,335,796 |

Assets at Fair Value as of December 31, 2009

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Allocation funds | $ 73,022 | $ - | $ - | $ 73,022 |
| Bond/fixed income | 220,346 | - | - | 220,346 |
| Equity/stock | 2,002,371 | - | - | 2,002,371 |
| Common collective trust | - | 810,755 | - | 810,755 |
| Total assets at fair value | $ 2,295,739 | $ 810,755 | $ - | $ 3,106,494 |

## Note 7. Administration of Plan Assets

In practice, the Plan sponsor has paid some of the administrative expenses of the Plan. Expenses that are not paid by the Plan sponsor are deducted from the Plan's assets.

## Note 8. Forfeitures

Forfeitures of employer matching contributions are used to reduce future employer matching contributions. The forfeitures account at December 31, 2010 and 2009, was $4,014 and $9,198, respectively. In 2010 and 2009, funds used from the forfeitures account to reduce the employer matching contributions were $6,165 and $4,860, respectively.

## Note 9. Related Party Transactions

In 2009 Merrill Lynch Bank & Trust Co., FSB merged into Bank of America, N.A. Plan investments in common collective trust funds are managed by Bank of America, N.A. Bank of America, N.A., is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services totaled $7,781 for the year ended December 31, 2010.

## Note 10. Plan Termination

Although they have not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue their contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Trust assets will be distributed to participants and beneficiaries in proportion to their respective account balances after payment of any expenses.

## Note 11. Tax Status

The Merrill Lynch Prototype Non-standardized Profit Sharing Plan with CODA which is the basis for the Coral Springs Auto Mall 401(k) Retirement Plan, has obtained a determination letter dated March 31,2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The current version of the Plan has been amended to conform to the most recent requirements of the tax laws. The Plan sponsor and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**Note 11. Tax Status (continued)**

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan sponsor believes it is no longer subject to income tax examinations for years prior to 2007.

**Note 12. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

**Note 13. Reconciliation of Financial Statement to Form 5500**

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500 as of December 31:

| | 2010 | 2009 |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $ 3,574,366 | $ 3,396,290 |
| Adjustment from contract value to fair value for fully benefit-responsive contracts | - | (58,811) |
| Net assets available for plan benefits per the Form 5500 | $ 3,574,366 | $ 3,337,479 |

The following is a reconciliation of the increase in net assets available for plan benefits per the financial statements to the Form 5500 for the year ended December 31, 2010:

| | |
|---|---|
| Net increase in net assets available for plan benefits per the financial statements | $ 178,076 |
| Change in adjustment from contract value to fair value | 58,811 |
| Net increase in net assets available for plan benefits per the Form 5500 | $ 236,887 |

## Note 14. Subsequent Events

Management has evaluated events and transactions for potential recognition or disclosure through the date of the independent auditor's report, which is the date the financial statements were available to be issued. Except as discussed in Note 4, no significant subsequent events were identified.

# CORAL SPRINGS AUTO MALL
# 401(k) RETIREMENT PLAN

## SUPPLEMENTAL SCHEDULE

**December 31, 2010**

## CORAL SPRINGS AUTO MALL 401(k) RETIREMENT PLAN

## EMPLOYERS IDENTIFICATION NO. 59-2317215
## PLAN IDENTIFICATION NO. 02

## SUPPLEMENTAL SCHEDULE
## Schedule H, Line 4i -
## Schedule of Assest (Held at End of Year)

## December 31, 2010

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Merrill Lynch Retirement Preservation Trust | Common Collective Trust | N/A | $ 567,508 |
| | Blackrock Global Dyn Equity A | Mutual Fund | N/A | 15,328 |
| | Blackrock Capital Apprc CL A | Mutual Fund | N/A | 136,563 |
| | MFS Emerging Growth Fund A | Mutual Fund | N/A | 574,744 |
| | MFS Emerging Growth Fund GM | Mutual Fund | N/A | 3,739 |
| | Davis Series Financial Fund A | Mutual Fund | N/A | 31,063 |
| | Blackrock Basis Value Fund A | Mutual Fund | N/A | 174,637 |
| | Blackrock Basis Value Fund A GM | Mutual Fund | N/A | 22,982 |
| | Blackrock Balanced Capital Fund A | Mutual Fund | N/A | 233,671 |
| | Blackrock High Income Fund A | Mutual Fund | N/A | 24,061 |
| | Blackrock Total Return Portfolio | Mutual Fund | N/A | 35,533 |
| | Blackrock Total Return Portfolio GM | Mutual Fund | N/A | 239,073 |
| | Blackrock Global Allocation A | Mutual Fund | N/A | 47,020 |
| | Blackrock Global Allocation A GM | Mutual Fund | N/A | 34,377 |
| | Blackrock Healthcare A | Mutual Fund | N/A | 59,038 |
| | Blackrock Value Opportunities A | Mutual Fund | N/A | 59,614 |
| | Blackrock Value Opportunities A GM | Mutual Fund | N/A | 7,552 |
| * | Merrill Lynch Retirement Preservation Trust GM | Common Collective Trust | N/A | 107,084 |
| | Blackrock Midcap Value Opportunity A | Mutual Fund | N/A | 30,978 |
| | Blackrock Midcap Value Opportunity A GM | Mutual Fund | N/A | 7,489 |
| | Nuveen Santa Barbara Dividend | Mutual Fund | N/A | 51,488 |
| | Alliance Bernstein Global Technology Fund A | Mutual Fund | N/A | 16,144 |
| | Alliance Bernstein Growth and Income A | Mutual Fund | N/A | 7,211 |
| | Oppenheimer Rising Dividends | Mutual Fund | N/A | 24,550 |
| | Oppenheimer Main Street Fund A | Mutual Fund | N/A | 547 |
| | Alliance Bernstein Large Cap Growth A | Mutual Fund | N/A | 279 |
| | Massachusetts Investors Trust | Mutual Fund | N/A | 290,824 |
| | MFS Research Fund | Mutual Fund | N/A | 281,436 |
| | Davis NY Venture Fund A | Mutual Fund | N/A | 85,473 |
| | Davis NY Venture Fund A GM | Mutual Fund | N/A | 45,655 |
| | Oppenheimer Cap | Mutual Fund | N/A | 74,821 |
| | Oppenheimer Cap GM | Mutual Fund | N/A | 45,314 |
| * | Participant Loans | 4.25% to 10.50% | -0- | 228,973 |
| | | | | $ 3,564,769 |

* Represents party-in-interest transactions