

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017448

FILED
Feb 28, 2005
Secretary of State

Entity Name: TIREMANIA, LLC

Current Principal Place of Business:

5524 SOUTH FLAMINGO ROAD
COOPER CITY, FL 33330

New Principal Place of Business:

10378 NW 46TH TERRACE
DORAL, FL 33178

Current Mailing Address:

5524 SOUTH FLAMINGO ROAD
COOPER CITY, FL 33330

New Mailing Address:

10378 NW 46TH TERRACE
DORAL, FL 33178

FEI Number: 41-2053122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUTHERFORD, MULHALL & WARGO, P.A.
2600 N. MILITARY TRAIL, 4TH FLOOR
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ASHTON, MARC
Address: 825 PARKSIDE CIR N
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: CASTERA, AGNES
Address: 10378 NW 46TH TERR
City-St-Zip: MIAMI, FL 33178

Title: MGRM () Delete
Name: NADAL, ALAIN
Address: 10348 NW 46TH ST
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AGNES CASTERA

MGRM

02/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date