


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90012 005 ****50.00

DOCUMENT # L03000040514

1. Entity Name
BUYUSED AUTO RECYCLERS, LLC



Principal Place of Business Mailing Address
 17910 S.R. 52 17910 S.R. 52
 LAND O LAKES FL 34639 LAND O LAKES FL 34639



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E083 (5/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
20-0333608 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST
 4TH FLOOR
 MIAMI FL 33145~~

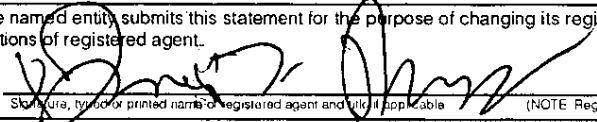
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MYERS, BRIAN T	
STREET ADDRESS	17910 S.R. 52	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LOWERY, LUCILLE C	
STREET ADDRESS	17910 S.R. 52	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOWERY, LUCILLE C	
STREET ADDRESS	17910 S.R. 52	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	T	<input type="checkbox"/> Delete
NAME	MYERS, BRIAN T	
STREET ADDRESS	17910 S.R. 52	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: 