


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040514 1. Entity Name BUYUSED AUTO RECYCLERS, LLC	
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Principal Place of Business 17910 S.R. 52 LAND O LAKES FL 34639	Mailing Address 17910 S.R. 52 LAND O LAKES FL 34639
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 20-0333608	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete MYERS, BRIAN T 17910 S.R. 52 LAND O LAKES FL 34639
TITLE	MGR <input type="checkbox"/> Delete LOWERY, LUCILLE C 17910 S.R. 52 LAND O LAKES FL 34639
TITLE	S <input type="checkbox"/> Delete LOWERY, LUCILLE C 17910 S.R. 52 LAND O LAKES FL 34639
TITLE	T <input type="checkbox"/> Delete MYERS, BRIAN T 17910 S.R. 52 LAND O LAKES FL 34639
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000572869 06/01/06-80003-006 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  070806 813-996-4136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #