2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000041700

1. Entity Name
GEO 4WD PARTS, LLC

Principal Place of Business	Mailing Address
7703 NORTHWEST 46TH STREET MIAMI, FL 33166 US	7703 NORTHWEST 46TH STREET MIAMI, FL 33166 US

DO NOT WRITE IN THIS SPACE

01122006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1238967
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VERA, ADRIAN
3370 NE 190TH STREET, SUITE 2513
AVENTURA, FL 33180

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALEMAN, EDUARDO
STREET ADDRESS	3370 NE 190TH STREET, SUITE 2513
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGRM
NAME	ALEMAN, EDUARDO E
STREET ADDRESS	3370 NE 190TH STREET, SUITE 2513
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGRM
NAME	VERA, ADRIAN
STREET ADDRESS	3370 NE 190TH STREET, SUITE 2513
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGRM
NAME	AMADIO, FRANCO
STREET ADDRESS	3370 NE 190TH STREET, SUITE 2513
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/06-80005-004 50.00

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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: _____ 2/15/2006 305 639-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #