



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000041700	
1. Entity Name GEO 4WD PARTS, LLC	

Principal Place of Business 7703 NORTHWEST 46TH STREET MIAMI, FL 33166 US	Mailing Address 7703 NORTHWEST 46TH STREET MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE

	
01252007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1238967	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

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

DO NOT WRITE IN THIS SPACE

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 resigning) DATE _____

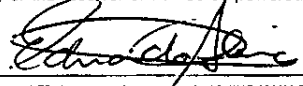
Filing Fee is \$50.00
 Due by May 1, 2007

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

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U00000723806
 05/02/07-80086-018 55.00

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:  04/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #