2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000001085

1. Entity Name
CONANT AUTOMOTIVE RESOURCES, LLC

Principal Place of Business	Mailing Address
20322 S.W. ACACIA ST. SUITE 100 NEWPORT BEACH, CA 92660	20322 S.W. ACACIA ST. SUITE 100 NEWPORT BEACH, CA 92660

DO NOT WRITE IN THIS SPACE

01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number
95-4618647
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, MARLENE A
20322 S.W. ACACIA ST.
SUITE 100
NEWPORT BEACH, CA, FL 92660

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000835635
02/29/08-80041-026 143.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CONANT, DAVID M
STREET ADDRESS	20322 S.W. ACACIA ST. SUITE 100
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	MGR
NAME	LEWIS, MARLENE
STREET ADDRESS	20322 S.W. ACACIA ST. SUITE 100
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	MGR
NAME	MORTIMER, JAMES
STREET ADDRESS	20322 S.W. ACACIA ST., SUITE 100
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marlene Lewis 2/11/08 562/809-3702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #