## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 APR 25 PM 3: 42 Annual Report \$100.00 + \$103.76 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**M96000000242 TALLAHASSEE, PLORIDA 1a. Principal Place of Business Address GEA PARTS, LLC 2377 PALUMBO DRIVE 2377 PALUMBO DRIVE LEXINGTON KY 40509 LEXINGTON KY 40509 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation SAME 07/03/1996 DΕ Suite, Apt #, etc Suite, Apt. #, etc. 4. FE Number Applied For City & State City & State 61-1292103 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zin Country Zip Country S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Sulte, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ DATE . (Registered Agent Accepting Appointment) (NOTE Registered Agen) signature required when reinstating) 10. Title City, State and Zip Code Managing Members/Managers **Business Street Address** MGRM ADVANCED SERVICES, INC \$865 SHELBY OAKS CIRCLE MEMPHIS TN GE SUBSIDIARY INC. MGRM CICERO IL MGRM GE APPLIANCES APPLIANCE PARK 2-226 LOUISVILLE, KY B0D00216253B--1 -05/01/97--01108--023 \*\*\*\*203.75 \*\*\*\*203.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: MS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER