2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90043 046 ****50.00

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1. Entity Name
TIRE CENTERS, LLC

Principal Place of Business	Mailing Address
PO BOX 218 DUNCAN, SC 29334-0218	ATTN: TAX DEPT P.O. BOX 218 DUNCAN, SC 29334

04072006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2462533
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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	MGR
NAME	MICALI, JAMES M
STREET ADDRESS	ONE PARKWAY SOUTH
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	MGR
NAME	~~MARTIN, PERI~~ Le Corre, Eric
STREET ADDRESS	ONE PARKWAY SOUTH
CITY-ST-ZIP	GREENVILLE, SC 29615
TITLE	MGR
NAME	FINNEY, JOE
STREET ADDRESS	310 INGLESBY PARKWAY
CITY-ST-ZIP	DUNCAN, SC 29334
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: _____ 4-7-06 864-329-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #