

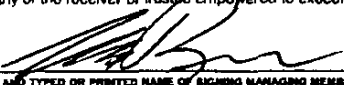


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90373 011 \*\*\*\*50.00

<b>DOCUMENT # L06000064907</b>			
1. Entity Name <b>SENSIBLE CAR PRODUCTS, LLC</b>			
Principal Place of Business 10811 SUNSET PLAZA CIRCLE 4 E FORT MYERS, FL 33908 US		Mailing Address 16361 DUBLIN CIRCLE 105 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 12401 Arborview DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Myers FL	
Zip		Zip 33908	
Country		Country Lee	
4. FEI Number 03-0597260		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		7. Name and Address of New Registered Agent	
RUSSO, CHARLES V 16361 DUBLIN CIRCLE 105 FORT MYERS, FL 33908 <i>Change of Address only</i>		Name <b>CHARLES V RUSSO</b> Street Address (R.O. Box Number is Not Acceptable) 12401 Arborview DR City <b>FL MYERS</b> FL Zip Code <b>33908</b>	
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 4-19-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete RUSSO, CHARLES V 16361 DUBLIN CIRCLE #105 FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12401 Arborview Dr Fort Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete RUSSO, THOMAS J 15655 OCEAN WALK CIRCLE #105 FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 4/19/07 239-433-9830	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

30008743



04172007 Chg-LLC CR2E083 (12/06)