

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001891

FILED
Jan 24, 2008
Secretary of State

Entity Name: POLYBILT BODY COMPANY, LLC

Current Principal Place of Business:

1821 NW 57TH STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

2000 ANSON DRIVE
MELROSE PARK, IL 60160

New Mailing Address:

325 SPRING LAKE DRIVE
ITASCA, IL 60143

FEI Number: 36-4357503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, MICHAEL E ESQ
230 NE 25TH AVENUE, SUITE 100
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEAN, TIMOTHY S
Address: 1821 NW 57TH ST.
City-St-Zip: OCALA, FL 34475

Title: MGRM () Delete
Name: DARLEY, PETER
Address: 2000 ANSON DRIVE
City-St-Zip: MELROSE, IL 60130

Title: MGRM () Delete
Name: OWEN, DANIEL
Address: 1821 NW 57TH STREET
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DARLEY, PETER
Address: 325 SPRING LAKE DRIVE
City-St-Zip: ITASCA, IL 60143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER DARLEY

MGRM

01/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date