

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002784

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: CRAFTMASTER AUTO BODY, L.C.

## Current Principal Place of Business:

800 SO. HARBOR CITY BLVD  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

805 E. HIBISCUS BLVD.  
MELBOURNE, FL 32901

## New Mailing Address:

FEI Number: 59-3626655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRESE, GARY B  
930 S. HARBOR CITY BLVD. SUITE 505  
MELBOURNE, FL 32901 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: MGR ( ) Delete  
Name: KLENCK, JEROME W SR  
Address: 805 E. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: KLENCK, MARK  
Address: 800 SOUTH HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: DST ( ) Change (X) Addition  
Name: RICHARDS, SUSAN S  
Address: PO BOX 110486  
City-St-Zip: PALM BAY, FL 32911

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN S RICHARDS

DST

01/04/2006

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