



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90040 002 ****55.00

DOCUMENT # L01000001740					
1. Entity Name AUSTIN'S AUTO ACCESSORIES, LLC					
Principal Place of Business 4459 GULF BREEZE PKWY. GULF BREEZE, FL 32563			Mailing Address 4459 GULF BREEZE PKWY. GULF BREEZE, FL 32563		
2. Principal Place of Business - No P.O. Box # 4410 NORTH W ST.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PENSACOLA FL		City & State		4. FEI Number 59-3699898	
Zip 32505		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				03202007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent AUSTIN, BRADY J 4863 MARTINA WAY GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name: <u>DONNA AUSTIN</u> Street Address (P.O. Box Number is Not Acceptable): <u>1842 FULLER DR.</u> City: <u>GULF BREEZE</u> FL <u>32563</u>		
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: <u>DONNA AUSTIN</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		 <small>(NOTE: Registered Agent signature required when reissuing)</small>		DATE: <u>4-18-07</u>	
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 <u>REINSTATE</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTIN, BRADY J 4863 MARTINA WAY GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTIN, DONNA 1842 FULLER DR GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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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: <u>Donna Austin</u> <u>DONNA AUSTIN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>4-18-07</u>		DAYTIME PHONE #: <u>850 434-0787</u>	