


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90076 026 \*\*\*138.75

<b>DOCUMENT # L01000007748</b> 1. Entity Name O. E. WHEEL DISTRIBUTORS, LLC	
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Principal Place of Business 2217 72ND AVE. E. SARASOTA, FL 34243	Mailing Address 2217 72ND AVE. E. SARASOTA, FL 34243
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1108983	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

MOORE, JAMES E  
2217 72ND AVE. E.  
SARASOTA, FL 34243

**DO NOT WRITE  
IN THIS SPACE**

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: James Moore (NOTE: Registered Agent signature required when reinstating) DATE: 2/25/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MOORE, JAMES E 2217 72ND AVE E SARASOTA, FL 34243
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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: James Moore Date: 2/25/08 Daytime Phone #: 941-921-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE