


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90412 039 ****50.00

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|---|--|---|---|---|--|
| DOCUMENT # L01000016067 1. Entity Name INTERNATIONAL TRACTOR PARTS, LLC | | | |  | |
| Principal Place of Business 2351 NW 97 AVE MIAMI, FL 33172 | | | Mailing Address 2351 NW 97 AVE MIAMI, FL 33172 | | |
| 2. Principal Place of Business Suite, Apt. #, etc.: | | | 3. Mailing Address P.O. BOX 228414 Suite, Apt. #, etc.: | | |
| City & State Zip | | | City & State MIAMI, FL Zip 33122 | | |
| Country | | | Country | | |
| 4. FEI Number 65-1140355 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MAZIG, ADAM 2351 NW 97 AVE MIAMI, FL 33172 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAZI, ADEM 2351 NW 97 AVE MIAMI, FL 33172 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAZI, ADEM P.O. BOX 228414 MIAMI, FL 33122 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DINCER, FAITH 2351 NW 97 AVE MIAMI, FL 33172 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DINCER, FAITH P.O. BOX 228414 MIAMI, FL 33122 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes. | | | | | |
| SIGNATURE: FAITH, DINCER | | | 04/13/2004 (305) 9324213 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |