

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016249

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: XTREME AUTOMOTIVE TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1032 E. HILLSBOROUGH AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1032 E. HILLSBOROUGH AVE  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 59-3748328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JENKINS, ANDREW T  
220 SOUTH FRANKLIN STREET  
TAMPA, FL 33602 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: HIGGINS, CASEY A MGRM  
Address: 10419 ORANGE GROVE DR  
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete  
Name: KOLY, ANDREW  
Address: 1515 S. WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HIGGINS, CASEY A MGRM  
Address: 10419 ORANGE GROVE DR  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM (X) Change ( ) Addition  
Name: HOBBS, DEO D MGRM  
Address: 6055 HOMESTEADER LN  
City-St-Zip: HAYDEN, CO 81639 US

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: CASEY HIGGINS

MGRM

02/06/2007

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