

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021310

FILED
Apr 30, 2004
Secretary of State

Entity Name: XTREME ACCESSORIES, LLC

Current Principal Place of Business:

15751 SW 41ST STREET
100
DAVIE, FL 33332

New Principal Place of Business:

Current Mailing Address:

15751 SW 41ST STREET
100
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-1157573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBIN, SETH D ESQ.
15751 SW 41ST STREET
100
DAVIE, FL 33331

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/MEMBERS:

Title: MGRM () Delete
Name: BART, GARY
Address: 15751 SW 41ST STREET
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: CAVE, TIM
Address: 15751 SW 41ST STREET
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: MCNULTY, SEAN
Address: 15751 SW 41ST STREET
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: CONSTANTINE, DEAN
Address: 15751 SW 41ST STREET
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: LUBIN, SETH
Address: 15751 SW 41ST STREET
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SETH D. LUBIN

MR

04/30/2004

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