

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90114 026 \*\*\*\*50.00

**DOCUMENT # L02000001939**

1. Entity Name  
**PAR AUTOMOTIVE, LLC**



Principal Place of Business  
**14725 N. FLORIDA AVE.  
TAMPA, FL 33612**

Mailing Address  
**14725 N. FLORIDA AVE.  
TAMPA, FL 33612**

**24077475**



**DO NOT WRITE IN THIS SPACE**

07192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>26-0040450</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CORNELIUS, CPA PA, JUDITH G  
6707 N. HIMES AVE.  
TAMPA, FL 33614**

**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: *Steven Engel*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGEL, STEVEN 53 E. SUNNY SLOPE CIR. THE WOODLANDS, TX 77381
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGEL, CATHY 53 E. SUNNY SLOPE CIR. THE WOODLANDS, FL 77381
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGEL, TIM 1308 COUNTRY ELM CT. LUTZ, FL 33549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

*Steven Engel* **STEVEN ENGEL** 7/26/04 936-273-6708