## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Apr 12, 2004 08:00 AM Secretary of State **DOCUMENT # L02000027380** 1. Entity Name AURÉOS TRADING GROUP AUTOMOTIVE PARTS, LLC Principal Place of Business Mailing Address 8346 N.W. SOUTH RIVER DRIVE BAY-N 8346 N.W. SOUTH RIVER DRIVE BAY-N MEDLEY, FL 33166 MEDLEY, FL 33166 01182004No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 82-0568319 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZORRILLA & GARCIA-OLIVER, LLC DO NOT WRITE 2200 SOUTH DIXIE HIGHWAY STE. 705 MIAMI, FL 33133 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE 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 May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGRM HE RIZK, CLAUDE NAME STREET ADDRESS 199 OCEAN LANE CITY-ST-ZIP KEY BISCAYNE, FL 33149 U00000110456 MGRM TITLE 04/(2/04-80034-006 50.00 SHALHUB, GEORGE NAME 131 HARBOR DRIVE STREET ADDRESS CRY-ST-7P KEY BISCAYNE, FL 33149 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BER, OR AUTHORIZED !

SIGNATURE: 6/44/ Rizk SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME

CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP

786 337-8461