2005 LIMITED LIABILITY (

FILED Feb 11, 2005 08:00 AM Secretary of State

ANNUAL REPORT	414
DOCUMENT # L02000027380 1. Entity Name	4
AUREOS TRADING GROUP AUTOMOTIVE PARTS, LLC	



Principal Place of Business

8346 N.W. SOUTH RIVER DRIVE BAY-N MEDLEY, FL 33166

Mailing Address

8346 N.W. SOUTH RIVER DRIVE BAY-N MEDLEY, FL 33166



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01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 82-0568319 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZORRILLA & GARCIA-OLIVER, LLC 2200 SOUTH DIXIE HIGHWAY STE, 705 MIAMI, FL 33133

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8. The above the obliga	e named entity submits this statement for the purpose of chan ations of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
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, 2005 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIZK, CLAUDE		<u> </u>
TITLE Name Street Address City-St-Zip	MGRM SHALHUB, GEORGE 131 HARBOR DRIVE KEY BISCAYNE, FL 33149		//00000226050 02/11/05-80064-005 50.00
TITLE			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), 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.

SIGN	ΔΤΙ.	IDF.	
OLC: N	MIC	יחב:	

STREET ADDRESS

STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP TITLE

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING. MEMBER, OR AUTHORIZED HEPRESENTATIVE