LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 02, 2003 8:00 am
Secretary of State

04-15-2003 90026 046 ****50.00

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DOCUMENT # L02000034902

1. Entity Name

LKQ AUTO PARTS OF ORLANDO, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
120 N. LaSalle St.	120 N. LaSalle St.
Suite, Apt. #, etc. Suite 3300	Suite, Apt. #, etc. Suite 3300
City & State Chicago, IL 60602	City & State Chicago, IL 60602
Zip 60602 Country US	Zip 60602 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0916179 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable):

1200 South Pine Island Rd.

City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	
NAME	LKQ Crystal River, Inc.
STREET ADDRESS	Joseph Holsten, President
CITY-ST-ZIP	120 N. LaSalle St., Suite 3300 Chicago, IL 60602
TITLE	
NAME	LKQ Crystal River, Inc.
STREET ADDRESS	Mark Spears, Vice President
CITY-ST-ZIP	120 N. LaSalle St., Suite 3300 Chicago, IL 60602
TITLE	
NAME	LKQ Crystal River, Inc.
STREET ADDRESS	Frank Erlain, Treasurer
CITY-ST-ZIP	120 N. LaSalle St., Suite 3300 Chicago, IL 60602
TITLE	
NAME	LKQ Crystal River, Inc.
STREET ADDRESS	Walter Hanley, Secretary
CITY-ST-ZIP	120 N. LaSalle St., Suite 3300 Chicago, IL 60602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: _____ 4/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #