2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2004 8:00 am Secretary of State

1. Entity Name AM-FOR COLLISION SPECIALISTS, LLC								04-13-2004 90	333 030) ****50.0	0
Principal Place of Business 8072 SE WINDJAMMER WAY HOBE SOUND, FL 33455 US			Mailing Address 8072 SE WINDJAMMER WAY HOBE SOUND, FL 33455 US						,		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01122004	Chg-LLC	CR2E	(10/03)	
City & State			City & State				4. FE Num	17058106)니		pplied For ot Applicable
Zip	Zip Country		Zip Country		itry		5. Certificat	te of Status Desired		\$5.00 Add	ditional
	6. Name	and Address of Current	Registered Agent		Nama		7. Name an	d Address of New F	legistered	d Agent	
DITCHKUS	S. MARK				Name						
8072 SE V HOBE SO	VINDJAMI				Street A	ddress (F	P.O. Box Num	ber is Not Acceptable	e) 		
					City	-			F	Zip Coo	de
	патеd entit		or the purpose of changing its	register	ed office or	register	ed agent, or b	oth, in the State of Flo	orida. I an	n familiar with	, and accept
SIGNATURE	_	or printed name of registered agent	and title if applicable (A)(A)	E. Besiston	d Agest Hessi		when reinstating)		DATE	<u>.</u>	
	Signature, typeo	or printed name or registered agent	and little if applicable. (NO)	E: negistere	O Agent signati	Oue redused	witer remstating)		UATE		
Filing Fee is \$50.00 Due by May 1, 2004										•	
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I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1); Florida Statutes. 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 eath; that I am a managing member or manager of the limited liability company or the receiver prefrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENT

4-7-04 561-746-262