2008 LIMITED LIABILITY COMPANY ANNUAL REPORT - -

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000023685

1. Entity Name LEAR45, L.L.C.



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5000 SAWGRASS VILLAGE CIRCLE, STE. 28 PONTE VEDRA BEACH, FL 32082

5000 SAWGRASS VILLAGE CIRCLE, STE. 28 PONTE VEDRA BEACH, FL 32082



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
20-0199277	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

Fee Required

6. Name and Address of Current Registere	d Agent
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DUSS, JOHN S IV, ESQ FORD, JETER, BOWLUS, ET AL 10110 SAN JOSE BLVD.

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP

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JACKSONVILLE, FL 32257	and the second of the second o	
 The above named entity submits this statement for the purpose of changing its the obligations of registered agent. 	registered office or registered agent, or both, 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	E: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
IIILE MGRM		and the second of the second o
NAME LAZZARA, GASPER JR. STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE, STE. 28	The second of th	no846950 * * * * * * * * * * * * * * * * * * *
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		8-80049-007 138.75
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STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 OF PRINTED NAME OF B GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #