

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025889

FILED  
Aug 05, 2004  
Secretary of State

Entity Name: CHROME SPINNERS, LLC

**Current Principal Place of Business:**

813 CARMAGO WAY  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 150181  
ALTAMONTE SPRINGS, FL 32715 US

**New Mailing Address:**

FEI Number: 56-2378784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOBIAS, BYRON  
550 VIA DEL ORO  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: C EO ( ) Delete  
Name: TOBIAS, BYRON  
Address: 550 VIA DEL ORO  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: CEO ( ) Delete  
Name: STEPHENS, JASON  
Address: 813 CARMAGO WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TOBIAS, BYRON  
Address: 550 VIA DEL ORO  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Change ( ) Addition  
Name: STEPHENS, JASON  
Address: 813 CARMAGO WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BYRON TOBIAS

MGRM

08/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date