


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

03-14-2005 90593 022 ****50.00
08-01-2005 90092 012 ****55.00

DOCUMENT # L04000012564	
1. Entity Name THE CHROME WHEEL COMPANY OF FLORIDA, LLC	

Principal Place of Business 7960 L'AQUILA WAY DELRAY BEACH, FL 33446-4311	Mailing Address 7960 L'AQUILA WAY DELRAY BEACH, FL 33446-4311
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2. Principal Place of Business 6601 Lyons	3. Mailing Address 6601 Lyons
Suite, Apt. #, etc. P-5	Suite, Apt. #, etc. P-5

City & State Coconut Creek FL	City & State Coconut Creek FL
Zip 33073	Zip 33073
Country USA	Country USA



07202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 800090674		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KUNKA-MORRIS, KRISTINE M. 7960 L'AQUILA WAY DELRAY BEACH, FL 33446-4311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Kristine m. Kunka-morris DATE 7-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, ROBERT J JR 7960 L'AQUILA WAY DELRAY BEACH, FL 334464311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kristine m Kunka-morris 7/27/05 954-427-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #