2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 23, 2005 8:00 am Secretary of State **DOCUMENT # L04000023220** 03-23-2005 90238 042 ****55.00 ANNÉ TYRE INTERIORS L.L.C. Principal Place of Business Mailing Address 2356 MILLS CT 2356 MILLS CT JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 51-0506569 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 2356 MILLS CT JACKSONVILLE, FL 32216 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 SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR TITI F Delete ☐ Change ☐ Addition TYRE, ANNE 2356 MILLS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition TYRE, JERRY NAME NAME STREET ADDRESS 2356 MILLS CT STREET ADDRESS CITA-21-ND JACKSONVILLE, FL 32216 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-7IP CITY-ST-7IP TITLE Oelete TITLE Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

INATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED

FILED