
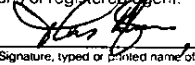
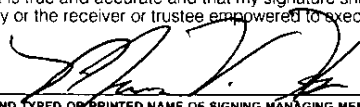


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90174 037 \*\*\*\*50.00

<b>DOCUMENT # L04000034131</b> 1. Entity Name <b>ALTERNATIVE AUTOMOTIVE SERVICES, LLC</b>					
Principal Place of Business 2702-A ROCKEY DRIVE WEST PALM BEACH, FL 33409			Mailing Address 2702-A ROCKEY DRIVE WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>55-0866812</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DONELON, THOMAS</b> <b>515 N. FLAGLER DRIVE, SUITE 300-P</b> <b>WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>DONELON, THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7711 N. MILITARY TRAIL STE. 203</b> City <b>PALM BEACH GARDENS</b> <b>FL</b> Zip Code <b>33410</b>		
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  <b>THOMAS DONELON</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, MORRIS 2702 A ROCKET DRIVE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, MORRIS 2702 A ROCKET DRIVE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, MORRIS 2702 A ROCKET DRIVE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, MORRIS 2702 A ROCKET DRIVE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing 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:  <b>THOMAS DONELON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <b>3/20/07</b> Daytime Phone #					