

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90346 034 ****55.00

DOCUMENT # L04000041700 1. Entity Name GEO 4WD PARTS, LLC					
Principal Place of Business 3370 NE 190TH STREET, SUITE 2513 AVENTURA, FL 33180			Mailing Address 3370 NE 190TH STREET, SUITE 2513 AVENTURA, FL 33180		
2. Principal Place of Business 7703 NW 46th ST Suite, Apt. #, etc.		3. Mailing Address 7703 NW 46th ST Suite, Apt. #, etc.			
City & State Miami, Florida Zip 33166 Country DADE		City & State Miami, Florida Zip 33166 Country DADE		4. FEI Number 20-1238967	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VERA, ADRIAN 3370 NE 190TH STREET, SUITE 2513 AVENTURA, FL 33180			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 DATE MARCH 3, 2005 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALEMAN, EDUARDO 3370 NE 190TH STREET, SUITE 2513 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALEMAN, EDUARDO E 3370 NE 190TH STREET, SUITE 2513 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERA, ADRIAN 3370 NE 190TH STREET, SUITE 2513 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMADIO, FRANCO 3370 NE 190TH STREET, SUITE 2513 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: MARCH 3, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

305-639-2665

Date Daytime Phone #