## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State
05-03-2005 90014 004 \*\*\*\*50.00

DOCUMEN 1 # LU4UUU42682  1. Entity Name VEHICLE INVESTMENTS, LLC					05-03-200	)5 90014 004 <del>*</del>	***50.00
Principal Place of Business 4685 OLD WINTER GARDEN ROAD ORLANDO, FL 32811		Mailing Actdress 4685 OLD WINTER GARDEN ROAD ORLANDO, FL 32811				300075	79
2. Privicipal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt, #, etc.		01062005	Chg-LLC	CRZE093 (10/03	,,,, ,
City & State		City & State		4. FEI Numi	118695	, <u>  </u> -	Applied For lot Applicable
Zip	Country	Zip	Country	Í	e of Status Desired	S5.00 Ac	tditonal ed
	6. Name and Address of Current I	Registered Agent	Namo	7. Name an	d Address of New R	egistered Agent	
	LE, PHILIP R WINTER GARDEN ROAD	Street Acktress		tress (P.O. Box Nurn	(P.O. Box Number is Not Acceptable)		
ORLANDO	, FL 32811						
			City			FL Zp Co	de
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 lamitiar with, and accept the obligations of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agents	and the 6 endocable (NCC)	Registered Agent signature	secured when reinstating)		DATE	
	<u> </u>				Mak	e check payable to	
Di	ling Fee is \$50.00 ue by May 1, 2005					Department of Sta	te
0.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/		
HILE NAME	MGRM VAN WINKLE, PHILIP R	☐ Delele	1:TLE NAME			☐ Change	Addition
STREET ADDRESS CITY-S1-ZIP	4685 OLD WINTER GARDEN RO ORLANDO, FL 32811	CAC	STREET ADDRESS . CITY-ST-7IP				ľ
TITLE		☐ Delete	TIFLE			Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-Z#		☐ Delete	trius			☐ Change	Addition
NAME STREET ADDRESS			. NAME : Street adoress				
CITY-ST-ZIP			CITY-SI-ZIP				
TITLE NAME		Defete	TITLE NAME			☐ Change	Addition
STRIFT ADDRESS City+St+ZIP			STREET ADDRESS CITY-ST-7IP				
TITLE		Delete	TIFLE			☐ Change	Addition
NAME STREET ADDRESS	-		STREET ADDRESS				
TITLE		☐ Deleta	CITY-SI-ZIP			Change	☐ Addition
NAME STREET ADDRESS			NAME Street address			•	
CITY-SI-ZIP			CITY-SI-7IP				
11. I hereby centry that the information supplied with this filling does not quality 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee unpowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNAT	TURE:	2	Philiplan	1 Winkle	4/29/05	407-299	-0249
1	SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MA	NÁGEH, OR AUTHORIZED R	EPRESENTATIVE	Date	Deytime Phone •	