

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
May 26, 2005 8:00 am
Secretary of State

05-03-2005 90014 004 ****50.00

DOCUMENT # L04000042682					
1. Entity Name VEHICLE INVESTMENTS, LLC					
Principal Place of Business 4685 OLD WINTER GARDEN ROAD ORLANDO, FL 32811			Mailing Address 4685 OLD WINTER GARDEN ROAD ORLANDO, FL 32811		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 32-0118695	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN WINKLE, PHILIP R 4685 OLD WINTER GARDEN ROAD ORLANDO, FL 32811			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 _____ (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VAN WINKLE, PHILIP R 4685 OLD WINTER GARDEN ROAD ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____			Philip Winkle		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/29/05		
			Daytime Phone: 407-299-0299		

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