

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**


**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90043 023 \*\*\*\*50.00

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1st MOORE CR2E083 (10/04)

<b>DOCUMENT # L04000043890</b>					
1. Entity Name <b>WHEELS, LLC</b>					
Principal Place of Business <b>36436 MILL CREEK ROAD EUSTIS FL 32736</b>			Mailing Address <b>36436 MILL CREEK ROAD EUSTIS FL 32736</b>		
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 <b>20-1344077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HORN, STEPHANIE A MS. 36436 MILL CREEK ROAD EUSTIS FL 32736</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORN, STEPHANIE A MS.	NAME			
STREET ADDRESS	36436 MILL CREEK ROAD	STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32736	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORN, KIM A MR.	NAME			
STREET ADDRESS	36436 MILL CREEK ROAD	STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32736	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Stephanie A. Horn, MGRM</u>				Date: <u>4/18/2005</u> Daytime Phone #: <u>352-589-8796</u>	
<b>STEPHANIE A HORN</b>					