


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000043890</b> 1. Entity Name <b>WHEELS, LLC</b>	
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Principal Place of Business <b>36436 MILL CREEK ROAD EUSTIS FL 32736</b>	Mailing Address <b>36436 MILL CREEK ROAD EUSTIS FL 32736</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E083 (10/06)

City & State  Zip      Country	City & State  Zip      Country	4. FEI Number <b>20-1344077</b>	Applied For <input type="checkbox"/> Not Applicable
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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 <b>FL</b> Zip Code
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM	<input type="checkbox"/> Delete
NAM	HORN, STEPHANIE A MS.	
STREET ADDRESS	36436 MILL CREEK ROAD	
CITY- ST- ZIP	EUSTIS FL 32736	
TITLE	MGRM	<input type="checkbox"/> Delete
NAM	HORN, KIM A MR.	
STREET ADDRESS	36436 MILL CREEK ROAD	
CITY- ST- ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAM		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000735488	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAM			
STREET ADDRESS	05/10/07-80035-016 50.00		
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAM			
STREET ADDRESS			
CITY- ST- ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Stephanie Horn Mgr.      4/23/07      352-4  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Ph