


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90263 023 ***138.75

DOCUMENT # L04000049081	
1. Entity Name ZERO AUTOMOTIVE, LLC	

Principal Place of Business 7410 GROVER LANE LAND O LAKES FL 34639	Mailing Address 7410 GROVER LANE LAND O LAKES FL 34639
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 153	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Land o' lakes FL	
Zip	Country	Zip 34639	Country USA

1st MOORE CR2E083 (10/07)

4. FEI Number 20-1109139		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 MOORE, FRED A SR 7410 GROVER LANE LAND O LAKES FL 34639		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

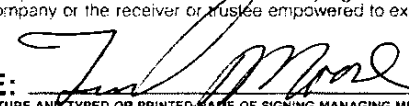
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, FRED SR PO BOX 153 LAND O LAKES FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **3/31/08 (13) 358-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #