


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90070 033 \*\*\*\*50.00

<b>DOCUMENT # L04000068084</b>	
1. Entity Name <b>GRANDPA'S AUTOSALES, LLC</b>	

Principal Place of Business <b>3527 SOUTH US #1 FORT PIERCE FL 34982</b>	Mailing Address <b>2266 SE ABCORE RD. PORT ST. LUCIE FL 33417</b>
---	--



2. Principal Place of Business <b>3527 S. US#1</b>	3. Mailing Address <b>500 TREASURE CAY</b>
Suite, Apt. #, etc. <b>APT 107</b>	Suite, Apt. #, etc. <b>107</b>

1st MOORE CR2E083 (10/05)

City & State <b>FT Pierce FLA</b>	City & State <b>FT Pierce FLA</b>
Zip <b>34947</b>	Country <b>ST Lucie</b>
Zip <b>34947</b>	Country <b>ST Lucie</b>

4. FEI Number <b>20-1658316</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>BUCHHEIT, GEORGE B 2266 SE ABCORE RD. PORT ST. LUCIE FL 33417</b>	
7. Name and Address of New Registered Agent Name <b>BUCHHEIT George B</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 TREASURE CAY APT 107</b> <b>FT Pierce FLA</b> City <b>FT Pierce FLA</b> FL Zip Code <b>34947</b>	

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 *George Buehheit* DATE 3-27-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHHEIT, GEORGE B 2266 SE ABCORE RD. PORT ST. LUCIE FL 33417 <i>SOLD House</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM</i> <i>BUCHHEIT</i> <i>500 TREASURE CAY APT 107</i> <i>FT Pierce FLA 34947</i>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *George Buehheit* Date 3-27-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #