


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90077 009 \*\*\*\*50.00

<b>DOCUMENT # L04000068084</b>					
<b>1. Entity Name</b> GRANDPA'S AUTOSALES, LLC					
<b>Principal Place of Business</b> 3527 S US # 1 FORT PIERCE, FL 34947			<b>Mailing Address</b> 500 TREASURE CAY APT 107 FORT PIERCE, FL 34947		
<b>2. Principal Place of Business - No P.O. Box #</b> Same		<b>3. Mailing Address</b> 784 HOLDEN AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> SEBASTIAN FL		<b>4. FEI Number</b> 20-1658316	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
32958		INDIAN		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  BUCHHEIT, GEORGE B 500 TREASURE CAY, APT 107 FORT PIERCE, FL 34947			<b>7. Name and Address of New Registered Agent</b> Name: Same Street Address (P.O. Box Number is Not Acceptable): 784 HOLDEN AVE SEBASTIAN City: FL Zip Code: 32958		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHHEIT BUCHHOIT, GEORGE B 500 TREASURE CAY, APT 107 FORT PIERCE, FL 34947	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM George BUCHHEIT B. 784 HOLDEN AVE SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <i>George B Buchheit</i>			George B. BUCHHEIT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 1-23-07 Daytime Phone #: 772-579-7221		