


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 08, 2006 08:00 A.**  
**Secretary of State**

<b>DOCUMENT # L04000069243</b> 1. Entity Name AUSTINTERIORS AND ACCESSORIES LLC	
---	---

Principal Place of Business 707 WEST MOODY BLVD BUNNELL, FL 32110	Mailing Address 707 WEST MOODY BLVD BUNNELL, FL 32110
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



05032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1649702	Applied For 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  JOHNSEN-AFINCAO, KIM T 707 WEST MOODY BLVD BUNNELL, FL 32110
---


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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by September 6, 2006
---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSEN-AFINCAO, KIM T 707 WEST MOODY BLVD. BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563902 05/20/06-80032-011 50.00  <b>DO NOT WRITE IN THIS SPACE</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>SIGNATURE:</b> 	5/4/06 386 437-1434
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>