




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90103 028 \*\*\*\*55.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L04000073450</b><br>1. Entity Name<br><b>PERFORMANCE DRIVEN PARTS, LLC</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>10800 ATLANTIC BOULEVARD<br/>JACKSONVILLE, FL 32225</b>   |  |  | Mailing Address<br><b>10800 ATLANTIC BOULEVARD<br/>JACKSONVILLE, FL 32225</b>   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |  |
| City & State  |  | City & State   |   |   |  |
| Zip   | Country  | Zip  | Country   |   |  |
|   |  |  |   |   |  |
| 04192005    Chg-LLC    CR2E083 (10/03)  |  |  |   |   |  |
| 4. FEI Number<br><b>86-1117585</b>  |  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PORTER, R. PHIL<br/>10800 ATLANTIC BOULEVARD<br/>JACKSONVILLE, FL 32225</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City <b>FL</b> Zip Code _____ |   |  |
| B. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>   |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE _____<br>NAME <b>Mr. Phil</b> <input type="checkbox"/> Delete<br>STREET ADDRESS <b>Porter, R. Phil</b><br>CITY-ST-ZIP <b>10800 Atlantic Boulevard</b><br><b>Jacksonville FL 32225</b>   | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |   |   |  |
| TITLE _____ <input type="checkbox"/> Delete<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |   |   |  |
| TITLE _____ <input type="checkbox"/> Delete<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |   |   |  |
| TITLE _____ <input type="checkbox"/> Delete<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |   |   |  |
| TITLE _____ <input type="checkbox"/> Delete<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>    |  |  | <b>4/19/05</b> <b>904-644-6453</b>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <small>Date    Daytime Phone #</small>  |   |  |