



FILED
Apr 23, 2007 8:00 am
Secretary of State

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03-26-2007 90307 017 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000078367		
1. Entity Name EXPARTS, LLC		
Principal Place of Business 3173 SW 141 TERRACE DAVIE, FL 33330		Mailing Address 3173 SW 141 TERRACE DAVIE, FL 33330
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent TOVAR DEL CORRAL, JOSE' G C/O ARIAS TOVAR INCORPORATED 1725 MAIN STREET, SUITE 209 WESTON, FL 33326		30005429  03092007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 20-1828189 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE		6. 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 reinstating) DATE _____
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUJILLO, ANDRES 3173 SW 141 TERRACE DAVIE, FL 33330	
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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.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		