

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080097

FILED
Jan 24, 2005
Secretary of State

Entity Name: WHEEL PERFORMANCE OF FLORIDA, LLC

Current Principal Place of Business:

974 EXPLORER COVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

974 EXPLORER COVE
144
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

974 EXPLORER COVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

974 EXPLORER COVE
144
ALTAMONTE SPRINGS, FL 32701

FEI Number: 38-3711883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, MARK W
1850 LEE ROAD, SUITE 210
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

GERACI, GABRIELLE
974 EXPLORER COVE
144
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: GABRIELLE GERACI

01/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GERACI, GABRIELLE
Address: 974 EXPLORER COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM (X) Delete
Name: HENRY, GREG
Address: 974 EXPLORER COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GABRIELLE GERACI

MGRM

01/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date