

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005892

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** TRANSOURCE AUTOMOTIVE SOLUTIONS, LLC

**Current Principal Place of Business:**

1166 W NEWPORT CENTER DRIVE  
#310  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

1166 W NEWPORT CENTER DRIVE  
#310  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

**FEI Number:** 20-2301365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FRIEDMAN, RICH  
1166 W NEWPORT CENTER DRIVE #310  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, EDWARD L  
Address: 1166 W NEWPORT CENTER DRIVE, #310  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGRM ( ) Delete  
Name: SCHUYLER, HENRY C  
Address: 1166 W NEWPORT CENTER DRIVE, #310  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

**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 Chapter 119, 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:** HENRY SCHUYLER

MGRM

01/06/2006

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