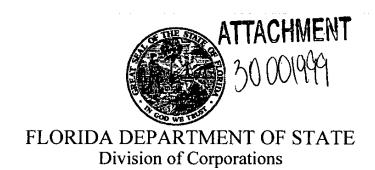
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 09, 2006 8:00 am Secretary of State **DOCUMENT # L05000009887** 02-22-2006 90109 022 ****50.00 HICKORY TREE AUTO BODY, LLC Principal Place of Business Mailing Address 1105 QUOTATION COURT ST. CLOUD FL 34772 120 WEST CARROLL STREET KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 32-0138 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANDIS, DAVID M 225 EAST ROBINSON STREET TWO LANDMARK CENTER, SUITE 600 Street Address (P.O. Box Number is Not Acceptable) - ----ORLANDO FL 32801 City Zip Code 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Oue By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE uns Change Adultion NAME BRUNSON, FRED O NAME STREET ADDRESS 120 WEST CARROLL STREET STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/1Y-S1-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change C Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP IME Oelete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED



February 24, 2006

HICKORY TREE AUTO BODY, LLC 120 WEST CARROLL STREET KISSIMMEE, FL 34741 US

Subject: HICKORY TREE AUTO BODY, LLC

Reference Number:

£05000009887

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION

