

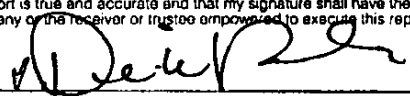


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90034 022 \*\*\*150.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L05000012560</b><br>1. Entity Name<br><b>SHASTA AUTO REFINISHING &amp; BODY REPAIR, LLC</b>  |   |  |  |    |  |
| Principal Place of Business<br><b>4333 NW 6TH STREET<br/>GAINESVILLE, FL 32609</b>   |   |  |  | Mailing Address<br><b>4333 NW 6TH STREET<br/>GAINESVILLE, FL 32609</b>  |  |
| 2. Principal Place of Business<br><b>2829 NW 40th Pl</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>SAME</b><br>Suite, Apt. #, etc. |  | <b>30010628</b><br>   |  |
| City & State<br><b>Gainesville 71</b>  |   | City & State<br><b>Gainesville 71</b>                    |  | 05032006 Chg-LLC CR2E083 (11/05)  |  |
| Zip<br><b>32605</b>  |   | Country<br><b>USA</b>                                    |  | 4. FEI Number <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |  | 6. Name and Address of Current Registered Agent<br><b>RIDER, DENNIS W<br/>4333 NW 6TH STREET<br/>GAINESVILLE, FL 32609</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Applicable)<br><b>2829 NW 40th Place</b><br>City<br><b>Gainesville</b> FL Zip Code<br><b>32605</b>   |   |  |  | 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. |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when renaming) DATE _____   |   |  |  |   |  |
| Filing Fee is \$50.00<br>Due by September 6, 2006  |   | Make check payable to<br>Florida Department of State     |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES                          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RIDER, DENNIS W<br>4333 NW 6TH STREET<br>GAINESVILLE, FL 32605 | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>2829 NW 40th Place<br/>GAINESVILLE, 71 32605</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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:    |   |  | Date: <b>5-1-06</b> Daytime Phone # _____      |   |  |