

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034708

Entity Name: PARTS ON WHEELS LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

639 HARBOR BLVD
DESTIN, FL 32541 US

New Principal Place of Business:

16 A WALTER MARTIN RD
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

P.O. BOX 2433
FT. WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 20-2662762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILPATRICK, ANDREW S
639 HARBOR BLVD
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

KILPATRICK, ANDREW S
16A WALTER MARTIN RD
FORT WALTON BEACH, FL 32548 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: ANDREW KILPATRICK

01/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KILPATRICK, ANDREW S
Address: 639 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541 US

Title: MGR () Delete
Name: KILPATRICK, DINA M
Address: 639 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KILPATRICK, ANDREW S
Address: 16A WALTER MARTIN RD
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGR (X) Change () Addition
Name: KILPATRICK, DINA M
Address: 16A WALTER MARTIN RD
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW KILPATRICK

MGR

01/22/2008

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