2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000036186

1. Entity Name
VESTED MOTORS XII, LLC



Principal Place of Business

15802 AMBERLY DR TAMPA, FL 33647 Mailing Address

15802 AMBERLY DR TAMPA, FL 33647

FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90034 003 ****50.00



01042007No Chg-LLC

CR2E083 (11/05)

| | | | |
|----|-------------------------------|-----------------------------------|----------------|
| 4. | FEI Number | | Applied For |
| | 20-2673907 | | Not Applicable |
| 5. | Certificate of Status Desired | \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC 505 S FLAGLER DR, STE 1100 WEST PALM BEACH, FL 33401

SIGNATURE:

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| | named entity submits this statement for the purpose of char tions of registered agent. | nging its registered office or registered agent, or both, in the | e State of Florida. I am familiar with, and accept |
|---------------------------------------|---|--|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title 4 applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| F | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZIELENBACH, JOHN T 15802 AMBERLY DRIVE TAMPA, FL 336471082 | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NO | OT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THI | S SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | |
| 11. I hereby indicated limited lia | certify that the information supplied with this filling does not on this report is true and accurate and that my signature solility company of the regeiver of fulfitee empowered to example the regeiver of fulfitee empowered to example. | qualify for the exemptions contained in Chapter 119, Florid shall have the same legal effect as if made under oath; that exute this report as required by Chapter 608, Florida Statute | la Statutes. I further certify that the information. I am a managing member or manager of the es. |

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE