2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# L05000040824

Entity Name: AUTOMATIC TRANSMISSION SUPERSTORE, LLC

Current Principal Place of Business:

3699 DAVIE BOULEVARD
FORT LAUDERDALE, FL 333123439

New Principal Place of Business:

3699 DAVIE BOULEVARD
FORT LAUDERDALE, FL 33312

Current Mailing Address:

3699 DAVIE BOULEVARD
FORT LAUDERDALE, FL 333123439

New Mailing Address:

3699 DAVIE BOULEVARD
FORT LAUDERDALE, FL 33312

FEI Number: 20-2760968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELASQUEZ, T.
3699 DAVIE BOULEVARD
FORT LAUDERDALE, FL 333123439 US

Name and Address of New Registered Agent:

VELASQUEZ, JOSE T
3699 DAVIE BOULEVARD
FORT LAUDERDALE, FL 33312 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: JOSE VELASQUEZ 04/09/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: VELASQUEZ, JOSE T
Address: 3699 DAVIE BLVD
City-St-Zip: FT LAUDERDALE, FL 33312

Title: MGR ( ) Change (X) Addition
Name: NADER, JUAN C
Address: 3699 DAVIE BLVD
City-St-Zip: FT LAUDERDALE, FL 33312

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: JOSE T VELASQUES MGR 04/09/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date