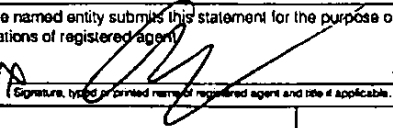
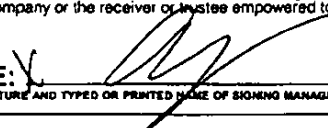


**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90053 006 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                         |                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000055400</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                        |                                                                              |
| 1. Entity Name<br><b>MY TRUCK &amp; AUTO PARTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                                                                         |                                                                              |
| Principal Place of Business<br><b>211 E NEW MARKET ROAD<br/>IMMOKALEE, FL 34142 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | Mailing Address<br><b>P.O. BOX 330<br/>IMMOKALEE, FL 34143 US</b>                                                                       |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | 3. Mailing Address                                                                                                                      |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | Suite, Apt. #, etc.                                                                                                                     |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | City & State                                                                                                                            |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                    | Zip                                                                                                                                     | Country                                                                      |
| 6. Name and Address of Current Registered Agent<br><b>YZAGUIRRE, ARMANDO B<br/>211 E NEW MARKET ROAD<br/>IMMOKALEE, FL 34142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE  DATE <b>4/21/08</b><br>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                         |                                                                              |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 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<br><b>MGR<br/>YZAGUIRRE, ARMANDO B<br/>211 E NEW MARKET ROAD<br/>IMMOKALEE, FL 34142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGR<br/>ARMANDO YZAGUIRRE<br/>211 E. NEW MARKET ROAD<br/>IMMOKALEE, FL 34142</b>   | <input type="checkbox"/> Change <input checked="" 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            |
| 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.<br>SIGNATURE:  DATE <b>4-21-08</b> 239-<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # <b>607-6969</b> |                                            |                                                                                                                                         |                                                                              |