2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 11, 2006 8:00 am Secretary of State **DOCUMENT # L05000075018** 1. Entity Name 05-11-2006 90018 020 ****50.00 SOUTHERN KNIGHTS, LLC Principal Place of Business Mailing Address 2850 N. CREDE AVE. LOT 42 2850 N. CREDE AVE. LOT 42 CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E083 (11/05) Applied For City & State City & State Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 2850 N. CREDE AVE. LOT 42 CRYSTAL RIVER, FL 34428 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME COOK, CHARLES W NAME STREET ADDRESS 2850 N. CREDE AVE. LOT 42 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34428 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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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.

STREET ADDRESS CITY-ST-ZIP

ER. OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

ATTACHMENT #105000075018 2850 N. CREDE AVE CRYSTAL RIVER, FL 34428

DEAR SIRS/MADAMES: THIS IS NO LONGER A WORKING BUSINESS. I HAVE TURNED IN MY BUSINESS LICENSE TO THE TAX ACCESSORS OFFICE. THANK YOU, MR. CHARLES W. COOK

> I employed only myself. There were no changes to be I went back to three Driving in October or november (court Remember exactly), but this business ceased when I business /LKQ went to work for B Danrons/LKQ Kark you Llas W Coek Last year.

1-12-00