


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90303 027 ***138.75

DOCUMENT # L05000075293	
1. Entity Name WHEELER DEALER, LLC	

Principal Place of Business 1164 42ND AVE NE ST. PETERSBURG, FL 33703	Mailing Address 1164 42ND AVE NE ST. PETERSBURG, FL 33703
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2. Principal Place of Business - No P.O. Box # 615 SPICE TRADER WAY	3. Mailing Address P.O. Box 8464
Suite, Apt. #, etc. APT #615B	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State MADEIRA BEACH, FL
Zip 32818-7442	Country USA
Zip 33738	Country



04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-6651160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINSON, JOSEPH A JR. 1164 42ND AVE NE ST. PETERSBURG, FL 33703	
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7. Name and Address of New Registered Agent Name AUSTIN, GARY Street Address (P.O. Box Number is Not Acceptable) 615 SPICE TRADER WAY #615B City ORLANDO FL Zip Code 32818	
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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. Gary Austin SIGNATURE _____ DATE APRIL 9, 2008	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINSON, JOSEPH A JR. 656 NORMANDY ROAD MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: J. Martinson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	4/18/08 <small>Date</small>	727-368-3327 <small>Daytime Phone #</small>
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