2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

05-05-2006 90034 017 ****50.00

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1. Entity Name

Advanced Tire Solutions
2885 S. Congress Ave. Bay F
Delray Beach, Fl 33445

~~1801 N. MILITARY TRAIL SUITE 203~~
~~SUITE 203~~
~~BOCA RATON, FL 33431 US~~

~~PO BOX 812288~~
~~BOCA RATON, FL 33481 US~~

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3840462 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINZ, BRIAN
65 SE 5TH AVE
UNIT H
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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

Due by May 1, 2006 — Florida Department of State

TITLE / NAME / STREET ADDRESS / CITY ST ZIP			TITLE / NAME / STREET ADDRESS / CITY ST ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FINZ, BRIAN		NAME		
STREET ADDRESS	PO BOX 812288		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33481		CITY ST ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCINNES, ROBERT		NAME		
STREET ADDRESS	17 BAMBOO DRIVE		STREET ADDRESS		
CITY ST ZIP	BRINY BREEZES, FL 33435		CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY ST ZIP			CITY ST ZIP		

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: M. Justone-Jacob — 4/29/06 — 561-819-0599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #