2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# L06000009173

Entity Name: TRUCK & AUTO RESTYLERS, LLC

Current Principal Place of Business:

101 CENTURY 21 DRIVE, SUITE 104A
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 11508
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-4184955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BOULEVARD, SUITE 800
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	DAVIS, LOUIS M	
Address:	214 SIX POND TRAIL	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	MGR	( ) Delete
Name:	BRANCH, GWENDOLYN	
Address:	101 CENTURY 21 DRIVE, SUITE 104A	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	MGR	( ) Delete
Name:	ARNOLD, PHYLLIS M	
Address:	101 CENTURY 21 DRIVE, SUITE 104A	
City-St-Zip:	JACKSONVILLE, FL 32216	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: GWENDOLYN L. BRANCH MGR 03/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date