2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# L06000030502

Entity Name: L T S EUROPE, LLC

Current Principal Place of Business:

7216 MAIDA LANE #9D
FORT MYERS, FL 33908

New Principal Place of Business:

1433 SE 31ST STREET
CAPE CORAL, FL 33904

Current Mailing Address:

7216 MAIDA LANE #9D
FORT MYERS, FL 33908

New Mailing Address:

1433 SE 31ST STREET
CAPE CORAL, FL 33904

FEI Number: 20-4562457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOWIK, STANISLAV
7216 MAIDA LANE #9D
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

SLOWIK, STANISLAV
1433 SE 31ST STREET
CAPE CORAL, FL 33904 US

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: 03/29/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SLOWIK, STANISLAV
Address: 7216 MAIDA LANE #9D
City-St-Zip: FORT MYERS, FL 33908

Title: MGR ( ) Delete
Name: KASINGOVA, LUCIE
Address: 7216 MAIDA LANE #9D
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SLOWIK, STANISLAV
Address: 1433 SE 31ST STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR (X) Change ( ) Addition
Name: KASINGOVA, LUCIE
Address: 1433 SE 31ST STREET
City-St-Zip: CAPE CORAL, FL 33904

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: STANISLAV SLOWIK MGR 03/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date