2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L06000047736

Entity Name: ALL TIRES & RIMS 2 U LLC

Current Principal Place of Business:

1818 E. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34744

New Principal Place of Business:

5345 E. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34771

Current Mailing Address:

1818 E. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34744

New Mailing Address:

5345 E. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34771

FEI Number: 33-1137313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLVIN, IAN
1818 E IRLO BRONSON MEM HWY
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

COLVIN, IAN
5345 E IRLO BRONSON MEM HWY
KISSIMMEE, FL 34771 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: 04/28/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: COLVIN, IAN
Address: 205 MAGICAL WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM ( ) Delete
Name: ELLIS, TIMOTHY
Address: 4415 LAKE TRUDY DRIVE
City-St-Zip: ST CLOUD, FL 34769 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ELLIS, TIMOTHY
Address: 205 MAGICAL WAY
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information supplied with this filing does not qualify 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: I COLVIN MR 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date