


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State


04-26-2007 90034 045 ****50.00

EP DVNFOU!\$ L06000053292		
2/ Entity Name DAMON 4X4 PARTS, LLC		

Principal Place of Business : 5661 DEMON EV TUF: 12 TVS EF UM 44265!!!!!!VT	Mailing Address OPIN POB 8200121229 OP/OP 136434 NEN UM 44213!!!!!!VT
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3/ Principal Place of Business - No P.O. Box # 8300 NW 53 ST.	4/ Mailing Address 8300 NW 53 ST.
Suite, Apt. #, etc. Ste. 350	Suite, Apt. #, etc. Ste. 350
City & State DUNAL, FL	City & State DUNAL, FL
Zip 33166	Country USA

00071100



04142007 Di h.MMD DS3F1941)23017*

5/ FEI Number 20-4925518	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/> %6/11 Beejupobm Gf ISf rvjfe	

7/ Obn f lboelBeesf t t lpgDves ouSf hjt uf s' elBhf ou	8/ Obn f lboelBeesf t t lpgOf x ISf hjt uf s' elBhf ou
MONAHAN, ROARK R CPA 4000 PONCE DE LEON BLVD STE 470 OFFICE # 5 CORAL GABLES, FL 33146	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	Zip Code

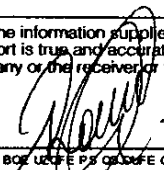
9/ The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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1/ MANAGING MEMBERS/MANAGERS		21/ ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONTICELLI, DANNY V 9455 COLLINS AVE STE 901 SURFSIDE, FL 33154 <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	MGRM RODRIGUEZ PESCADOR, ROMER J 9455 COLLINS AVE STE 901 SURFSIDE, FL 33154 <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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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

22/ 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 606, Florida Statutes.

TJHOBVUSF: 

TJHOBVUSF BOX UOCE P3 OBDFE OBNF PGTJHOBH NBOHJH NFNCF5-NBOHFS-PSBVLJ PS4 FEISFQSF7FOUBLVF

4/17/07 305-742-2125

Date Daytime Phone #