

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084510

FILED
Apr 27, 2007
Secretary of State

Entity Name: ALTERNATIVE SOURCE OF AUTOMOTIVE PRODUCTS, LLC

Current Principal Place of Business:

521 COPELAND STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

521 COPELAND STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-5445390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIPATRI, KYLE
521 COPELAND STREET
JACKSONVILLE, FL 32204 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRP () Change (X) Addition
Name: DIPATRI, KYLE W
Address: 521 COPELAND STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Change (X) Addition
Name: FRANCIS, DALE M
Address: 521 COPELAND STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: ST () Change (X) Addition
Name: FLETCHER, WILLIAM D
Address: 521 COPELAND STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: KYLE W. DIPATRI

P

04/27/2007

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