

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111528

Entity Name: SPECIAL-T AUTO, LLC

FILED  
Mar 22, 2007  
Secretary of State

## Current Principal Place of Business:

809 S. SUNCOAST BOULEVARD(US HIGHWAY 19)  
HOMOSASSA, FL 34448

## New Principal Place of Business:

HIGHWAY 44  
LOT 375 KNIGHTS EDITION  
CRYSTAL RIVER, FL 34429 US

## Current Mailing Address:

809 S. SUNCOAST BOULEVARD(US HIGHWAY 19)  
HOMOSASSA, FL 34448

## New Mailing Address:

4293 W. PIUTE DRIVE  
BEVERLY HILLS, FL 34465 US

FEI Number: 06-1452670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WIESE, TIMOTHY S  
809 S. SUNCOAST BOULEVARD(US HIGHWAY 19)  
HOMOSASSA, FL 34448 US

## Name and Address of New Registered Agent:

WIESE, TIMOTHY S  
4293 W. PIUTE DRIVE  
BEVERLY HILLS, FL 34465 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:

03/22/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PST ( ) Delete  
Name: WIESE, TIMOTHY S  
Address: 809 S. SUNCOAST BOULEVARD(US HIGHWAY 19)  
City-St-Zip: HOMOSASSA, FL 34448

## ADDITIONS/CHANGES:

Title: PST (X) Change ( ) Addition  
Name: WIESE, TIMOTHY S  
Address: 4293 W. PIUTE DRIVE  
City-St-Zip: BEVERLY HILLS, FL 34465 US

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: TIMOTHY S. WIESE

PST

03/22/2007

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