

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034433

FILED
Mar 08, 2008
Secretary of State

Entity Name: COLOR MAGIC AUTOMOTIVE RECON, LLC.

Current Principal Place of Business:

2735 ORCHID LN.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

2735 ORCHID LN.
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 20-8753568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESCALANTE, ALBERTO JR
1516 BROOKSIDE AVE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

ESCALANTE, ALBERTO JR
2735 ORCHID LANE
KISSIMMEE, FL 34744 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: ALBERTO ESCALANTE JR

03/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ESCALANTE, ALBERTO JR
Address: 1516 BROOKSIDE AVE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGRM () Delete
Name: ESCALANTE, DANIELLE
Address: 1516 BROOKSIDE AVE.
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESCALANTE, ALBERTO JR
Address: 2735 ORCHID LANE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGRM (X) Change () Addition
Name: ESCALANTE, DANIELLE
Address: 2735 ORCHID LANE
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: ALBERTO ESCALANTE JR

MGRM

03/08/2008

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