


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED

**Sep 08, 2008 8:00 am
Secretary of State**

08-04-2008 90054 002 ***138.75

DOCUMENT# L07000054674 1. Entity Name EUROJAP AUTO WORKS LLC			
Principal Place of Business 1046 SHADICK DRIVE, SUITE 1 ORANGE CITY FL 32763		Mailing Address 1256 LAKE HELEN OSTEEN ROAD LAKE HELEN FL 32744	
2. Principal Place of Business - No P.O. Box # 1046 SHADICK DRIVE SUITE 1 Suite, Apt. #, etc. ORANGE CITY City & State FLORIDA Zip 32763		3. Mailing Address 1256 LAKE HELEN OSTEEN RD Suite, Apt. #, etc. LAKE HELEN City & State FLORIDA Zip 32744	
Country USA		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		2nd MOORE CR2E083 (4/08)	
6. Name and Address of Current Registered Agent TORRES, LESLIE O 1256 LAKE HELEN OSTEEN ROAD LAKE HELEN FL 32744		7. Name and Address of New Registered Agent Name Leslie O TORRES Street Address (P.O. Box Number is Not Acceptable) 1256 LAKE HELEN OSTEEN ROAD City LAKE HELEN FL Zip Code 32744	
8. 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 <u><i>Leslie Torres</i></u> DATE <u>7/29/08</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR TORRES, LESLIE O 1256 LAKE HELEN OSTEEN ROAD LAKE HELEN FL 32744	<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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11. 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 608, Florida Statutes.			
SIGNATURE: <u><i>Leslie Torres</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>7/29/08</u> (386) 917-0022 <small>Date Daytime Phone #</small>	