


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000000801 1. Entity Name A-AABLE AUTO PARTS, L.C.		
Principal Place of Business 3600 BOGGY CREEK ROAD KISSIMMEE, FL 34744	Mailing Address P.O. BOX 420521 KISSIMMEE, FL 34742	



02022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3391084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MEDLIN, WALTER L 1401 PINE ISLAND RD KISSIMMEE, FL 34742

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MEDLIN, WALTER 1401 PINE ISLAND RD. KISSIMMEE, FL 34742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ALLEN, D L 1403 GRANDVIEW BOULEVARD KISSIMMEE, FL 34744
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donna L. Allen Donna L. Allen 2/8/05 407-847-5044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #