
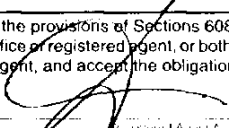
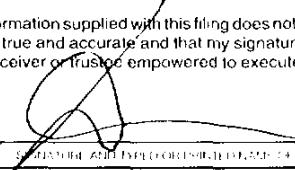


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 17 PM 1:50

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee			
		Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ROLLS AXLE, L.C. 702 HITCHCOCK STREET PLANT CITY FL 33566		DOCUMENT # L97000001221		1a. Principal Place of Business Address 702 HITCHCOCK STREET PLANT CITY FL 33566	
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 11/04/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 59-3477158	
Zip		Country		5. Date of Last Report 02/26/1998	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent GALLAGHER, DANIEL M 702 HITCHCOCK STREET PLANT CITY FL 33566			8. Name and Address of New Registered Agent/Office		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc.		
			City		
			Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE 				DATE 2-23-99	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GALLAGHER, DANIEL M JR	10351 HIGHWAY 301 SOUTH		DADE CITY FL	
MGRM	GALLAGHER, DANIEL M II	10351 HIGHWAY 301 SOUTH		DADE CITY FL	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 				2-23-99 813 764-0242	

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***188.75 ***188.75