

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90073 049 \*\*\*150.00

**DOCUMENT # L99000004854**  
 1. Entity Name  
 AMERICAN IGNITION WIRE, L.L.C.



Principal Place of Business 2760 N.W. 63RD COURT FORT LAUDERDALE, FL 33309	Mailing Address 2760 N.W. 63RD COURT FORT LAUDERDALE, FL 33309
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0943091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

OLEFSON, FRED  
 2760 N.W. 63RD COURT  
 FORT LAUDERDALE, FL 33309

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLEFSON, FRED 2760 N.W. 63RD COURT FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeffrey Olefson 2760 NW 63 Ct. Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Fred Olefson FRED OLEFSON 1/20/05 954079 1120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #