


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90212 026 \*\*\*\*50.00

<b>DOCUMENT # L99000007305</b>	
1. Entity Name TUBMASTERS REFINISHING, L.L.C.	

Principal Place of Business 5511 HIDDEN LAKE ROAD LAKELAND, FL 33810	Mailing Address 5511 HIDDEN LAKE ROAD LAKELAND, FL 33810
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
03222006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 59-3606606	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 HARKINS, WM. R EA ATA 5620 US HWY 98 N STE B LAKELAND, FL 33809	
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7. Name and Address of New Registered Agent Name <u>HARKINS WM. R EA ATA</u> Street Address (P.O. Box Number is Not Acceptable) <u>5600 US HWY 98 N</u> City <u>Lakeland</u> FL Zip Code <u>33809</u>	
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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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOMISAR, NEAL 5511 HIDDEN LAKE ROAD LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>33810 zip code</u>
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
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
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
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
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

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>Neel Komisar</u>	Date <u>4-1-06</u> Daytime Phone # <u>863-845-8827</u>