


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000000478</b> 1. Entity Name TRIPLE SIX LEAR LLC	
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Principal Place of Business 3511 SILVERSIDE RD. WILMINGTON, DE 19810	Mailing Address 3511 SILVERSIDE RD. WILMINGTON, DE 19810
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04042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0405317	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  WINZKOWSKI, MICHAEL 3020 LEPRECHAUN LANE PALM HARBOR, FL 34683	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000105614  
04/07/04-80032-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ULRICH, DONALD K 1 SOUTH AVIATION DR NORTH WILKESBORO, NC 28659
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRS WINZKOWSKI, MICHAEL 3020 LEPRECHAUN LANE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **4/2/04** **(727)422-2919**  
Date Daytime Phone #