

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000478	
1. Entity Name TRIPLE SIX LEAR LLC	
Principal Place of Business 3511 SILVERSIDE RD. WILMINGTON, DE 19810	Mailing Address 3511 SILVERSIDE RD. WILMINGTON, DE 19810



DO NOT WRITE IN THIS SPACE

04262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 51-0405317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

**WINZKOWSKI, MICHAEL
3020 LEPRECHAUN LANE
PALM HARBOR, FL 34683**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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
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04/29/05-80126-008 50.00

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: MICHAEL WINZKOWSKI 4/25/05 727-785-3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #