2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 19, 2004 8:00 am Secretary of State 07-19-2004 90232 046 ****50.00

DOCUMENT # M01000002487					07-19-2004 90232 046 ****50.00	
1. Entity Name HI-TECH PARTS, LLC						
Principal Place 4100 CORPO NAPLES, FL	RATE SQUA	s Are, Unit #153	Mailing Address 4100 CORPORATE SQUARE, UNIT #153 NAPLES, FL 34104			
2. Principal Place of Business			3. Mailing Address			-
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07142004 Chg-LLC CR2E083 (10/03)
City & State			City & State			4. FEI Number Applied For 04-3508669 Not Applicable
Zip	p Country		Zip Cou			5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent
SNIDER, K HI-TECH F			٠.	N Si	ame treet Address (I	P.O. Box Number is Not Acceptable)
4100 CORPORATE SQUARE, UNIT #164 NAPLES, FL 34104					1100 11117	CORPORATE SOUALE # 153
<u> </u>			City NA		NA1	FL ZYOU
 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 Sofature (peed or professored agent another if applicable. (NOTE: Represent Agent apparture-required when reinstating) DATE						
Filing Fee is \$50.00 Due by September 8, 2004						Make check payable to Florida Department of State
9.	. , , , ,	TMANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE	MGR		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE	MGR		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP			akis filiam dana and annual s	CITY-ST-	ZIP	440 OZ/OVA Classes Chapter 14 Cha
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #						