


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90136 019 ****50.00

DOCUMENT # M01000002591	
1. Entity Name VEHICLE OWNER LLC	

Principal Place of Business C/O STARFIRE HOLDING CORPORATION 100 SOUTH BEDFORD MT. KISCO, NY 10549	Mailing Address C/O STARFIRE HOLDING CORPORATION 100 SOUTH BEDFORD MT. KISCO, NY 10549
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2. Principal Place of Business c/o Starfire Holding Corp Suite, Apt. #, etc. 100 South Bedford - Ste 210 City & State Mt. Kisco, NY Zip 10549 Country USA	3. Mailing Address c/o Starfire Holding Corp Suite, Apt. #, etc. 100 south Bedford - Ste 210 City & State Mt. Kisco, NY Zip 10549 Country USA
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01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4200462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent's signature is required when resigning) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ICAHN, CARL C 767 FIFTH AVE., 47TH FLOOR NEW YORK, NY 10153 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 767 Fifth Avenue, Ste. 4700 New York, NY 10153
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUONATO, RICHARD T ONE WHITEHALL STREET 19TH FLOOR NEW YORK, NY 10004 <input checked="" 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	MGRM MATTFER, EDWARD E 767 5TH AVENUE 47TH FL NEW YORK, NY 10153 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 767 Fifth Avenue, Ste. 4700 New York, NY 10153
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Keith Cozza 767 Fifth Avenue, Ste. 4700 New York, NY 10153
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: Keith Cozza - Vice President 1/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #