

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90002 047 ****50.00

DOCUMENT # M03000003294					
1. Entity Name MOBIS PARTS AMERICA, LLC					
Principal Place of Business 9250 NW 25TH ST. MIAMI, FL 33172			Mailing Address 9250 NW 25TH ST. MIAMI, FL 33172		
2. Principal Place of Business 10805 NW 100th Street Suite, Apt. #, etc. <u>Suite 11</u>		3. Mailing Address 10805 NW 100th Street Suite, Apt. #, etc. <u>Suite 11</u>			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-0262739	
Zip 33178		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD., 43RD FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, YOE-SUNG 9250 NW 25TH ST. MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kim, Bo-Sun 10805 NW 100th Street, Suite 11 Miami, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARK, HEE-KAB 9250 NW 25TH ST. MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Choi, Ho-Sung 10805 NW 100th Street, Suite 11 Miami, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIM, YOUNG-KON 9250 NW 25TH ST. MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kim, Young-Kon 10805 NW 100th Street, Suite 11 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>Yeong Gyu, Heo</u> 04/21/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					