## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M03000003974

1. Entity Name
AURORA PARTS & ACCESSORIES LLC



Mailing Address

12813 FLUSHING MEADOWS DRIVE ST. LOUIS, MO 63131

Principal Place of Business

SIGNATURE:

12813 FLUSHING MEADOWS DRIVE ST. LOUIS, MO 63131

## FILED Mar 19, 2004 08:00 AM Secretary of State



03112804 No Chg-LLC

\_ CR2E083 (10/03)

4. FEI Number 65-1198999 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

TALLAHA	55EE, FL 32301-2525	IN Th	IIS SPACE
the obligat	named entity submits this statement for the purpose of changions of registered agent	ing its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable	(NOTE Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2004		U00000092859 03/19/04-80025-022 100,00
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP	MANAĞINĞ MEMBERS/MANAGERS MGR NAGLE, DEREK L 12813 FLUSHING MEADOWS DRIVE ST. LOUIS, MO 63131		_
THE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TI	HIS SPACE
FETLE NAME STREET ADDRESS GITY-ST-ZEP			
BILE NAME SIREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE