2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# M04000000589

Entity Name: NIVEL PARTS & MANUFACTURING CO., LLC

Current Principal Place of Business:

3510-1 PORT JACKSONVILLE PARKWAY
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

3510-1 PORT JACKSONVILLE PARKWAY
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 20-0693551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NIVEL HOLDINGS, LLC,
Address: 777 THIRD AVE.
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete
Name: ALINA, ALVAREZ
Address: 3510-1 PORT JACKSONVILLE PARKWAY
City-St-Zip: JACKSONVILLE, FL 322226

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NIVEL PARTS LLC,
Address: 100 HUNTINGTON AVE 24TH FLOOR
City-St-Zip: BOSTON, MA 02199

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALINA ALVAREZ MS 05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date