2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

May 02, 2005 8:00 am Secretary of State **DOCUMENT # M04000002138** 05-02-2005 90364 043 ****50.00 PARTS INTERNATIONAL NETWORK, L.L.C. Mailing Address Principal Place of Business 14012858 1700 NORTHWEST 33RD ST. 1700 NORTHWEST 33RD ST. PAMPANO BEACH, FL 33064 PAMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc 02242005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-1078517 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LACROSSE, RANDY Street Address (P.O. Box Number is Not Acceptable) 1700 NORTHWEST 33RD ST. PAMPANO BEACH, FL 33064 City 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 SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MANAGER ☐ Change K Addition TITLE ☐ Delete TITLE LACROSSE, RANDY NAME NAME THOMAS HANFORD 1700 NORTHWEST 33RD ST. STREET ADDRESS 1700 NORTHWEST 33RD ST. STREET ADDRESS CITY-ST-ZIP PAMPANO BEACH, FL 33064 CITY-ST-ZIP PAMPANO BEACH, FL 33064 MANAGER MGR ☐ Delete TITLE ☐ Change Addition TITLE PETER PANTAGES VANDY, JOHN NAME NAME 1700 NORTHWEST 33RD ST. 1700 NORTHWEST 33RD STREET STREET ADDRESS STREET ADDRESS PAMPANO BEACH, FL 33064 PAMPANO BEACH, FL 33064 CITY-ST-ZIP CITY-ST-ZIP MANAGER Addition TITLE Delete TITLE ☐ Change NAME ROBERT M. HANAK NAME 1700 NORTHWEST 33RD ST. STREET ADDRESS STREET ADDRESS PAMPANO BEACH, FL 33064 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

FILED

☐ Change

☐ Addition

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-empawered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADORESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

3-10-08 SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Davtime Phone #

☐ Delete