

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # M05000001085

1. Entity Name
CONANT AUTOMOTIVE RESOURCES, LLC



Principal Place of Business

20322 S.W. ACACIA ST.
SUITE 100
NEWPORT BEACH, CA 92660

Mailing Address

20322 S.W. ACACIA ST.
SUITE 100
NEWPORT BEACH, CA 92660



03082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4618647

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, MARLENE A
20322 S.W. ACACIA ST.
SUITE 100
NEWPORT BEACH, CA, FL 92660

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CONANT, DAVID M
20322 S.W. ACACIA ST. SUITE 100
NEWPORT BEACH, CA 92660

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LEWIS, MARLENE
20322 S.W. ACACIA ST. SUITE 100
NEWPORT BEACH, CA 92660

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MORTIMER, JAMES
20322 S.W. ACACIA ST., SUITE 100
NEWPORT BEACH, CA 92660

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000668459
03/27/07-80032-007 55.00

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IN THIS SPACE**

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:

MARLENE LEWIS
Marlene Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/8/07 *562) 809-3702*
Date Daytime Phone #