


LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 12 PM 2: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # M97000000356			
1. Name and Mailing Address of Limited Liability Company RAINBOW WHEELS, L.L.C. 2780 HALF MOON LAKE ROAD HILLSDALE MI 49242		1a. Principal Place of Business Address 2780 HALF MOON LAKE ROAD HILLSDALE MI 49242			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 06/18/1997 4. FEI Number <i>38-3347648</i> APPLIED FOR 5. Date of Last Report 03/31/1998	
7. Name and Address of Current Registered Agent WILSON, NANCY E 4916 E. MICHIGAN STREET, #3 ORLANDO FL 32812		8. Name and Address of New Registered Agent/Office Name <i>Mobility Van Conversions</i> Street Address (P.O. Box Number is Not Acceptable) <i>201 A Bayline Dr</i> Suite, Apt. #, etc. City FL Zip Code <i>Oviedo</i> <i>32765</i>			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>		DATE <i>3/9/99</i>			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	LIPPITT, RONALD H	110 HEMSTEAD STREET		LAKE BLUFF IL	
MGR	MINTO, ROBERT	2780 HALF MOON LAKE ROAD		HILLSDALE MI	

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  3/9/99 810-910 826-7
SIGNATURE AND TYPE OF DUTY OFFICER, OR SIGHTING MANAGER, MEMBER OR MANAGER Date Bureau Phone #
INHS-10-R (12-98)