


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**DOCUMENT # M99000001267**

1. Entity Name  
**AMERICAN LUBEFAST, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**06 MAY -1 AM 9:15**

Principal Place of Business <b>1550 NORTH BROWN ROAD STE 140 LAWRENCEVILLE, GA 30043</b>	Mailing Address <b>1550 NORTH BROWN ROAD STE 140 LAWRENCEVILLE, GA 30043</b>
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01092006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>58-2482912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2006

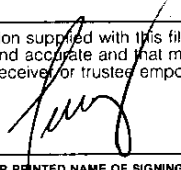
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	EMBRY, TIM
STREET ADDRESS	1550 NORTH BROWN ROAD STE 140
CITY-ST-ZIP	LAWRENCEVILLE, GA 30043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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05/08/06--01016--018    \*\*100.00

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:  **Timothy Embry**      1/9/06      770 985-6312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #