

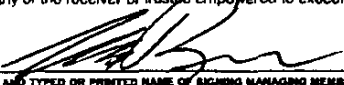


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

04-23-2007 90373 011 ****50.00

| | | | |
|--|---|---|---|
| DOCUMENT # L06000064907 | |  | |
| 1. Entity Name SENSIBLE CAR PRODUCTS, LLC | | | |
| Principal Place of Business 10811 SUNSET PLAZA CIRCLE 4 E FORT MYERS, FL 33908 US | | Mailing Address 16361 DUBLIN CIRCLE 105 FORT MYERS, FL 33908 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 12401 Arborview Dr | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Fort Myers FL | |
| Zip | | Zip 33908 | |
| Country | | Country Lee | |
| 4. FEI Number 03-0597260 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| RUSSO, CHARLES V 16361 DUBLIN CIRCLE 105 FORT MYERS, FL 33908 <i>Change of Address only</i> | | Name CHARLES V RUSSO Street Address (R.O. Box Number is Not Acceptable) 12401 Arborview Dr City FL MYERS FL Zip Code 33908 | |
| 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  | | DATE 4-19-07 | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete RUSSO, CHARLES V 16361 DUBLIN CIRCLE #105 FORT MYERS, FL 33908 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12401 Arborview Dr Fort Myers FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete RUSSO, THOMAS J 15655 OCEAN WALK CIRCLE #105 FORT MYERS, FL 33908 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | DATE 4/19/07 239-433-9830 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # | |

30008743



04172007 Chg-LLC CR2E083 (12/06)