

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003728

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: A1 BODY REPAIR CENTERS OF CORAL SPRINGS, LLC

**Current Principal Place of Business:**

4400 N. POWERLINE ROAD  
DEERFIELD BEACH, FL 33073

**New Principal Place of Business:**

12150 WILES ROAD  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

4400 N. POWERLINE ROAD  
DEERFIELD BEACH, FL 33073

**New Mailing Address:**

FEI Number: 45-0500802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMBY, LOUIS L III  
321 ROYAL POINCIANA PLAZA SOUTH  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SALVATORE, MICHAEL P  
Address: 5801 NW 62 STREET  
City-St-Zip: PARKLAND, FL 33067

Title: MGR ( ) Delete  
Name: JIMENEZ, CRISTOBAL J VP  
Address: 6460 NW 62 TERR  
City-St-Zip: PARKLAND, FL 33067

Title: MGR ( ) Delete  
Name: GARCIA, JUAN F T  
Address: 3981 SW 147TH AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM ( ) Delete  
Name: JIMENEZ, BERTA B S  
Address: 6460 NW 62 TERR  
City-St-Zip: PARKLAND, FL 33067

Title: MGRM ( ) Delete  
Name: SALVATORE, DEBRA VS  
Address: 5801 NW 62 STREET  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: JIMENEZ, ROBERT T  
Address: 6460 NW 62 TERR  
City-St-Zip: PARKLAND, FL 33067

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEBRA SALVATORE

VS

01/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date