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Secretary of State
03-22-2004 90426 013 ****50.00

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MOORE CR2E083 (11/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000006254

1. Entity Name
1801 CARALEE BOULEVARD, LLC
* single member LLC

Principal Place of Business	Mailing Address
650 ECONLOCKHATCHEE TRAIL ORLANDO FL 32825	650 ECONLOCKHATCHEE TRAIL ORLANDO FL 32825

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. M & M AUTO COLLISION, INC ~~808 MALTBY AVE.~~ City & State ORLANDO, FL 32803 ~~407 894-0578~~ Zip Country	Suite, Apt. #, etc. same City & State Zip Country

4. FEI Number 147-568011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAVRIDES, MATTHEW A 390 NORTH ORANGE AVENUE, SUITE 2700 ORLANDO FL 32801	Name MARILU MARTIN Street Address (P.O. Box Number is Not Acceptable) 650 S. ECONLOCKHATCHEE TRAIL City ORLANDO, FL Zip Code 32825

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: Marilu Martin 3/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARILU MARTIN 650 S. ECONLOCKHATCHEE TR ORLANDO, FL 32825 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	← managing member/Registered agent ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I 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 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: Marilu Martin 3/17/04 (407)894-0578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #