## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000019980

1. Entity Name LIZCAR, LLC



Principal Place of Business

16855 82ND ROAD NORTH LOXAHATCHEE, FL 33470 Mailing Address

16855 82ND ROAD NORTH LOXAHATCHEE, FL 33470

US

**FILED** Apr 26, 2005 08:00 AM Secretary of State



04192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 11-3691809

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BISTONATH, ELIZABETH **16855 82ND ROAD NORTH** LOXAHATCHEE, FL 33470

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8	. The above named entity submits this statement for the purpose of changing its registe	red office or registered agent, or both, in the State of Florida. 1 a	ım familiar with, and accept
	the obligations of registered agent.		

Signature, typed or printed name of registered agent and title II applicable

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2005

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BISTONATH, ELIZABETH 16855 82ND ROAD NORTH LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BISTONATH, OSCAR 16855 82ND ROAD NORTH LOXAHATCHEE, FL 33470	
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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.

URE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE