


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026199 1. Entity Name BLUE WATER EXPRESS WASH, LLC	
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Principal Place of Business 1017 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312	Mailing Address 1017 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312
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04252006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1017164	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

MAY, EARL
 1017 SUMMERBROOKE DRIVE
 TALLAHASSEE, FL 32312

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 _____

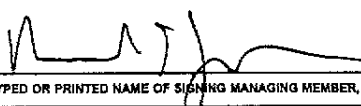
**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAYCO AUTOMOTIVE, INC. 1017 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TYRRELL, KENNETH 200 SUGAR PLUM DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TYRRELL, BILL 5246 S.E. ORANGE STREET STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/13/06-80107-018 50.00

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:  Date: 4/26/06 Daytime Phone # _____

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