

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

04-24-2006 90061 041 ****50.00

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1. Entity Name
H & M SOUTH AUTO BODY REPAIRS, L.L.C.



Principal Place of Business
**395 NORTH FLAGLER AVE.
 HOMESTEAD, FL 33030**

Mailing Address
**395 NORTH FLAGLER AVE.
 HOMESTEAD, FL 33030**

30010192



02102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1737076	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

**MOUSSAWEL, MAHMOUD
 2675 SW 69TH COURT
 MIAMI, FL 33155**

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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: *Dora G. Moussawel* *Dora G. Moussawel* *3/17/06*
Signature, typed or printed name of registered agent and title if applicable (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	MGRM MOUSSAWEL, MAHMOUD 2675 SW 69TH COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member MGRM Dora Moussawel 14050 S.W. 16 ST Miami, FL 33175
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* *3/13/06* *305 262-6990*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #