

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000001352
 1. Entity Name
 AUTO CARE CENTER OF HYPOLUXO ROAD, LLC



Principal Place of Business Mailing Address
 943 CLINT MOORE ROAD 943 CLINT MOORE ROAD
 BOCA RATON, FL 33487 BOCA RATON, FL 33487



01102005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0902326 Not Applicable

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

6. Name and Address of Current Registered Agent
 HEISE, MARTIN P
 943 CLINT MOORE ROAD
 BOCA RATON, FL 33487

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSON, GERALD S 943 CLINT MOORE ROAD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000250294
 03/04/05-80005-016 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Martin P Heise* Date: 2-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #