


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 14, 2007 8:00 am
Secretary of State

02-08-2007 90145 016 ****50.00

DOCUMENT # L99000001352					
1. Entity Name AUTO CARE CENTER OF HYPOLUXO ROAD, LLC					
Principal Place of Business 947 CLINT MOORE ROAD BOCA RATON, FL 33487		Mailing Address 947 CLINT MOORE ROAD BOCA RATON, FL 33487			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 65-0902326	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
947 HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. <i>MANAGING MEMBER</i> ADDITIONS/CHANGES		
TITLE	MEMBER BERSON, GERALD S <input type="checkbox"/> Delete	TITLE	<i>MANAGING MEMBER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERSON, GERALD S	NAME	<i>MANAGING MEMBER</i>		
STREET ADDRESS	943 CLINT MOORE ROAD	STREET ADDRESS	947 Clint Moore Rd		
CITY - ST - ZIP	BOCA RATON, FL 33487	CITY - ST - ZIP	<i>MANAGING MEMBER</i>		
TITLE	MEMBER HEISE, MARTIN P <input type="checkbox"/> Delete	TITLE	<i>MANAGING MEMBER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEISE, MARTIN P	NAME	<i>MANAGING MEMBER</i>		
STREET ADDRESS	943 CLINT MOORE ROAD	STREET ADDRESS	947 Clint Moore Rd		
CITY - ST - ZIP	BOCA RATON, FL 33487	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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, trustee, or person empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Martin P Heise</i>		Date: <i>2/1/07</i>		Debit Phone #: <i>561 997 0045</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					