
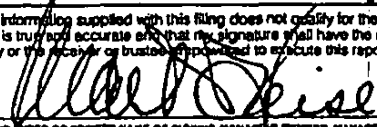


FILED
Apr 11, 2008 8:00 am
Secretary of State

02-01-2008 90048 033 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/

DOCUMENT # L9900001352			
1. Entity Name AUTO CARE CENTER OF HYPOLUXO ROAD, LLC			
Principal Place of Business 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431		Mailing Address 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0902326		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		7. Name and Address of New Registered Agent	
HEISE, MARTIN P 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431		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 _____ (NOTE: Registered Agent signature required when appropriate) DATE _____			
FILE NOW!!! FEB IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER BERSON, GERALD S 2200 NW 2 Ave, Ste 220 847 CLINT MOORE RD BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MG-RM Gerald S Berson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← See New Address
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER HEISE, MARTIN P 2200 NW 2 Ave, Ste 220 847 CLINT MOORE RD BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MG-RM Martin P Heise <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← See New Address
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 its partner or trustee, and intend to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		1/30/08 Feb-997-0045	
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date			

30003734



01302008 Chg-LLC CR2E083 (12/06)