


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A25674</b>	
1. Entity Name <b>AUTO SERVICE CENTERS VENTURE, LTD.</b>	

Principal Place of Business <b>6355 METRO WEST BLVD., SUITE 330 ORLANDO FL 32835</b>	Mailing Address <b>6355 METRO WEST BLVD., SUITE 330 ORLANDO FL 32835</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number <b>59-2835850</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ROSSMAN, NANCY A. 6355 METRO WEST BLVD., SUITE 330 ORLANDO FL 32835</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<b>J38149 CENTRECOP, INC. 6355 METRO WEST BLVD., SUITE 330 ORLANDO FL 32835</b>	STREET ADDRESS	
		CITY- ST- ZIP	<b>000000541436 05/10/06-00053-010 500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS	
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		CITY- ST- ZIP	

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**  **By: Nancy Rossman, President** **4-20-06** **407-523-2323**