2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -1 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A30673

1. Entity Name
MAJESTIC CAR WASH PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
2781 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33306	2781 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33306

01122007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1832 Monte Carlo Way	1832 Monte Carlo Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33071-7829 Country:	Zip: 33071-7829 Country:

4. FEI Number: 65-0237016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORAKOVE, GERALD L CPA 6196 NW 11TH ST SUNRISE, FL 33313-6116	Name: Irene Kaufman Street Address (P.O. Box Number is Not Acceptable): 1832 Monte Carlo Way City: Coral Springs FL Zip Code: 33071-7829

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: Irene M. Kaufman
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

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 #	L72256	STREET ADDRESS	1832 Monte Carlo Way
NAME	MAJESTIC CAR WASH OF FORT LAUDERDALE, INC.		
STREET ADDRESS	2781 NORTH FEDERAL HWY.	CITY-ST-ZIP	Coral Springs, FL 33071-7829
CITY-ST-ZIP	FT. LAUDERDALE, FL		
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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: Irene M. Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #