2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State
02-08-2007 90142 018 ****50.00

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1. Entity Name
AUTO CARE CENTER OF BOCA RATON, LLC

Principal Place of Business	Mailing Address
947 CLINT MOORE ROAD BOCA RATON, FL 33487	947 CLINT MOORE ROAD BOCA RATON, FL 33487

01302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1021679 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, HEISE P
~~943~~ 947 CLINT MOORE ROAD
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	~~MGRM~~ ☐ Delete	TITLE	Managing Member ☒ Change ☐ Addition
NAME	BERSON, GERALD S	NAME	
STREET ADDRESS	~~943 CLINT MOORE ROAD~~	STREET ADDRESS	947 Clint Moore Rd
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
TITLE	~~MGRM~~ ☐ Delete	TITLE	Managing Member ☒ Change ☐ Addition
NAME	HEISE, MARTIN P	NAME	
STREET ADDRESS	~~943 CLINT MOORE ROAD~~	STREET ADDRESS	947 Clint Moore Rd
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 2/1/07 561 997 0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #