2005 LIMITED LIABILITY COMPANY

Mar 10, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L0000007601 NEIGHBORHOOD CAR WASH LIMITED COMPANY Principal Place of Business__ Mailing Address 916 1/2 S. OREGON 6101 S DALE MABRY TAMPA, FL 33606-3010 TAMPA, FL 33614 02142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3673488 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE POLO, LIONEL R 916 1/2 S. OREGON TAMPA, FL 33606-3010 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. HILE MGR POLO, LIONEL R NAME U00000258847 03/10/05-80060-004 55.00 STREET ADDRESS 916 1/2 S. OREGON CITY - ST - ZIP TAMPA, FL 336063010 NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OH AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

FILED