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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2004 JUN 11 PM 3:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011562

1. Entity Name
CAR-SPHERE, LLC

Principal Place of Business	Mailing Address
6675 WESTWOOD BLVD. SUITE 180 ORLANDO, FL 32821	6675 WESTWOOD BLVD. SUITE 180 ORLANDO, FL 32821

DO NOT WRITE IN THIS SPACE

04242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3671371
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOTTIE, MAURICE
6675 WESTWOOD BLVD.
SUITE 180
ORLANDO, FL 32821

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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. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MOTTIE, MAURICE
STREET ADDRESS	6675 WESTWOOD BLVD, SUITE 180
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	VS
NAME	VANEWEYER, ANNICK
STREET ADDRESS	6675 WESTWOOD BLVD, SUITE 180
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4.27.04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #