

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000012001

FILED
Aug 23, 2006
Secretary of State**Entity Name:** EXECUTIVE AUTO COLLISION, LLC**Current Principal Place of Business:**7875 S.E. 131ST PLACE
SUMMERFIELD, FL 34491**New Principal Place of Business:****Current Mailing Address:**7875 S.E. 131ST PLACE
SUMMERFIELD, FL 34491 US**New Mailing Address:****FEI Number:** 59-3674774**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VETTO, MELINDA L
7086 SW 97TH PLACE
OCALA, FL 34476 US**Name and Address of New Registered Agent:**VETTO, GARY A
7086 SW 97TH PLACE
OCALA, FL 34476 US

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.

SIGNATURE: GARY VETTO

08/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: VETTO, GARY A
Address: 7086 S.W. 97TH PLACE
City-St-Zip: OCALA, FL 34476 US**Title:** MGR () Delete
Name: VETTO, NANCY LEE
Address: 5730 CRESTVIEW DRIVE
City-St-Zip: LADY LAKE, FL 32159 US**Title:** MGR (X) Delete
Name: VETTO, MELINDA
Address: 7086 SW 97TH PLACE
City-St-Zip: OCALA, FL 34476 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY VETTO

MGR

08/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date