2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015514

1. Entity Name

AUTO CARE CENTER OF BRANDON, LLC

Principal Place of Business Maili



FILED Mar 03, 2005 08:00 AM Secretary of State

Principal Place of Business 943 CLINT MOORE RD. BOCA RATON, FL 33487 Mailing Address

943 CLINT MOORE RD. BOCA RATON, FL 33487



DO NOT WRITE IN THIS SPACE

01102005No Chg-LLC C

CR2E083 (10/03)

Daytime Phone #

4. FEI Number 65-1065992 Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEISE, MARTIN P 943 CLINT MOORE RD. BOCA RATON, FL 33487

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MA

DO NOT WRITE 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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DAYE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSON, GERALD S 943 CLINT MOORE ROAD BOCA RATON, FL 33487		//nnno0250292 03/04/05-80005-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487		
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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 a part 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 of truetee empowered to effect this report as required by Chapter 608. Florida Statutes.			