2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005495

AUTO CARE CENTER OF VENICE, LLC

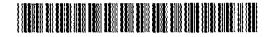


Principal Place of Business

943 CLINT MOORE RD. BOCA RATON, FL 33487 Mailing Address

943 CLINT MOORE RD. BOCA RATON, FL 33487

FILED Mar 06, 2006 08:00 AM **Secretary of State**



03022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1088846

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

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The above named entity submits this statement for the purpose of characteristics of registered agent. SIGNATURE	nging its registered office or registered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept
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, 2006		//////////////////////////////////////

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HEISE, MARTIN P
STREET ADDRESS	6749 NW 62 TERRACE
CITY-ST-ZIP	PARKLAND, FL 32067
TITLE	MGRM
NAME	BERSON, GERALD S
STREET ADDRESS	300 SE 5 AVE # 310
CITY-ST-ZIP	BOCA RATON, FL 33442
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NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	}

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Upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information occurring and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the report so required by Chapter 608, Florida Statutes. I hereby certify that the indicated on this report ilmited liability company

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE