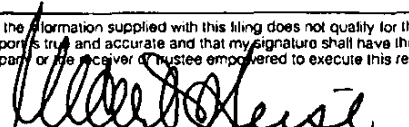


FILED
Mar 14, 2007 8:00 am
Secretary of State

02-08-2007 90142 013 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000005495					
1. Entity Name AUTO CARE CENTER OF VENICE, LLC					
Principal Place of Business 947 CLINT MOORE RD. BOCA RATON, FL 33487			Mailing Address 947 CLINT MOORE RD. BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
947 HEISE, MARTIN P 947 CLINT MOORE RD. BOCA RATON, FL 33487			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MEMBER	☐ Delete			
NAME	HEISE, MARTIN P				
STREET ADDRESS	947 CLINT MOORE RD				
CITY-ST-ZIP	BOCA RATON, FL 33487				
TITLE	MEMBER	☐ Delete			
NAME	BERSON, GERALD S				
STREET ADDRESS	800 SE 6 AVE #310				
CITY-ST-ZIP	BOCA RATON, FL 33442				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	Managing Member	☒ Change ☐ Addition			
NAME					
STREET ADDRESS	947 CLINT MOORE RD				
CITY-ST-ZIP	BOCA RATON, FL 33487				
TITLE	Managing Member	☒ Change ☐ Addition			
NAME					
STREET ADDRESS	947 CLINT MOORE RD.				
CITY-ST-ZIP	BOCA RATON, FL 33487				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/11/07 561 997 0045					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					