

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014239

Entity Name: CITY CAR CARE, L.L.C.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE 1105
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD.
SUITE 1105
CORAL GABLES, FL 33134

New Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE 715
CORAL GABLES, FL 33134

New Mailing Address:

999 PONCE DE LEON BLVD.
SUITE 715
CORAL GABLES, FL 33134

FEI Number: 65-0970334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARILLO, GUILLERMO
901 PONCE DE LEON BLVD.
SUITE 1105
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CARILLO, GUILLERMO
901 PONCE DE LEON BLVD.
SUITE 715
CORAL GABLES, FL 33134 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: GUILLERMO CARRILLO

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CARRILLO, GUILLERMO JR.
Address: 999 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: GUILLERMO CARRILLO

MGR

04/30/2004

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