2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015016

1. Entity Name
UNIVERSITY PARK AUTO SPA LLC

Principal Place of Business	Mailing Address
5198 UNIVERSITY PARKWAY C/O DONALD WILBORN SARASOTA, FL 34243	3009 CASEY KEY ROAD C/O DONALD WILBORN NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

04132005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3879577
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILBORN, DONALD
STREET ADDRESS	5198 UNIVERSITY PKWY.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	MGR
NAME	GROSSMAN, STEVE
STREET ADDRESS	5198 UNIVERSITY PKWY.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	MGR
NAME	WILBORN, NANCY
STREET ADDRESS	5198 UNIVERSITY PKWY.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10. *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 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 605, Florida Statutes.*

SIGNATURE: Nancy Wilborn NANCY WILBORN 4/22/05 941-966-7204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #