FILED
May 02, 2007 08:00 A
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04272007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007

U00000757217
05/23/07-80061-014 50.00

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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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: Nancy Wilborn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #