2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000886

1. Entity Name
ATLANTIS CAR WASH, L.L.C.

Principal Place of Business	Mailing Address
6262 S CONGRESS AVE LAKE WORTH, FL 33462 US	120 DOLPHIN DRIVE OCEAN RIDGE, FL 33435

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01072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
26-0020044
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M ESQUIRE
FUCHS AND JONES, P.A.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH, FL 33411

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ROBINSON, JEFFREY S
STREET ADDRESS	120 DOLPHIN DR
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	VP
NAME	ROBINSON, SHELLY M
STREET ADDRESS	120 DOLPHIN DR
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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02/10/06-80035-019 50.00

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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: _____ 1/25/06 561-254-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #