


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000001060</b> 1. Entity Name HYPOLUXO CAR WASH, L.L.C.	
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Principal Place of Business 923 HYPOLUXO ROAD LAKE WORTH, FL 33462	Mailing Address 120 DOLPHIN DRIVE OCEAN RIDGE, FL 33435
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0020059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FUCHS, LAWRENCE M ESQ. FUCHS AND JONES, P.A. 590 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

000000024681  
02/02/04-80076-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JEFFREY S 120 DOLPHIN DRIVE OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, SHELLEY M 120 DOLPHIN DRIVE OCEAN RIDGE, FL 33435
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11. 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 608, Florida Statutes.

<b>SIGNATURE:</b>  <b>Jeffrey S. Robinson</b>	<b>1/29/04</b>	<b>561.254.3946</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>