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July 12, 2004

State of Florida Division of Corporations Post Office box 6327 Tallahassee, FL 32314

Re:

Waterford Lakes Car Wash, LLC Document Number: L02000010492

Our File No. 04-257

Dear Sirs:

Enclosed herein please find a fully executed "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company", for Waterford Lakes Care Wash, LLC. In accordance with this form, please change the registered agent to Mark P. Lang, Esquire. His address is 222 West Comstock Avenue, Suite 210, Winter Park, Florida 3278

Also enclosed herein is a check made payable to "Division of Corporations" for the amount of \$25 for your fee in this matter.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

MARK P. LANC

MPL/sld **Enclosures**

Cc: Cassandra and Edward Levine

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY *

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limits	ed liability company is:	Waterfor	d Lakes Car Wash	ı LLC	
2. The mailing address o					
Winter Park, Florida 3		·	NOTE:		
5/1/2002			L02000010492		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registr Florida Department of	ered agent and the regist State: O'Neill, Bernard C.		address as shown o	n the records of the	
	2699 Lee Road, Sui	Name	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Address Winter Park, FL 32789					
City, State and Zip 6. The name and address of the new registered agent and/or office:					
•	Mark P. Lang, Esquire				
	222 W. Comstock Avenue, Suite 210				
,	Florida street address	(P.O. Box	NOT acceptable)		
	Winter Park,	FL 3278	39	, 9	
	City, St	ate and Zij	p		
1	hange or changes are man the registered agent will reby confirmed that the call liability company or a pof the limited liability co	de, the Flo	orida street address o	of the registered office	
(Signature of a member or author Majority Member	M Zinymu ized representative of a member)		-	
(Printed or typed name of signee)	Madawitz Mambas		e de la companya de l	* • * *	
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Unereby confirm	Majority Member intment as registered ag a did statutes relative as docept the obligations this document is being finited liability	ent and ag to the pro of my pos led to mer company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

FILING FEE: \$25.00

INHS18(10/99)