


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010492		
1. Entity Name WATERFORD LAKES CAR WASH LLC		

FILED  
2005 APR 15 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2699 LEE RD., STE. 320 WINTER PARK, FL 32789	Mailing Address 2699 LEE RD., STE. 320 WINTER PARK, FL 32789
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2. Principal Place of Business 340 S. Alafaya Trail	3. Mailing Address 340 S. Alafaya Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03232005 Chg-LLC CR2E083 (10/03)

City & State Orlando, Florida	City & State Orlando, Florida
Zip 32828	Country U.S.

4. FEI Number 02-0613730	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LANG, MARK P ESQ 222 W COMSTOCK AVENUE, SUITE 210 WINTER PARK, FL 32789	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEILL, BERNARD C 2699 LEE RD 320 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900054032183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 05/03/05--01004--002 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, CASSANDRA 421 THOMAS CT LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	887 CARDINAL POINTE COVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Cassandra Levine 4/8/05 407 737 8881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #