

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015980

FILED  
Mar 20, 2005  
Secretary of State

**Entity Name:** UNIVERSAL CAR WASH SYSTEMS, L.L.C.

**Current Principal Place of Business:**

6070 N. FEDERAL HWY.  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

211 S.W. 2ND STREET  
SUITE A  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

P. O. BOX 1104  
DEERFIELD BEACH, FL 33443 US

**FEI Number:** 02-0623227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SERLE, STEVEN P.A.  
6070 N. FEDERAL HWY.  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SILVER STAR MANAGEME, NT, L.L.C.  
Address: 199 N. FEDERAL HWY.  
City-St-Zip: DEERFIELD BEACH, FL 33443 US

Title: MGRM ( ) Delete  
Name: UNIVERSAL CAR WASH S, YSTEMS, INC.  
Address: 6070 N. FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33487 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK MANIS

MANG

03/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date