


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017039</b> 1. Entity Name <b>AUTOTECH TOTAL CAR CARE, LLC</b>	
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Principal Place of Business <b>2903 E. MOODY BLVD. BUNNELL FL 32110</b>	Mailing Address <b>2903 E. MOODY BLVD. BUNNELL FL 32110</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number <b>04-3700907</b>	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required

1st MOORE      CR2E083 (10/04)

**6. Name and Address of Current Registered Agent**

**DARA SWEATT, DAWN  
2903 E. MOODY BLVD.  
BUNNELL FL 32110**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>SWEATT, DAWN</b>
STREET ADDRESS	<b>2903 EAST MOODY BLVD</b>
CITY - ST - ZIP	<b>BUNNELL FL 32110</b>
TITLE	VP <input type="checkbox"/> Delete
NAME	<b>SWEATT, JAY</b>
STREET ADDRESS	<b>2903 EAST MOODY BLVD</b>
CITY - ST - ZIP	<b>BUNNELL FL 32110</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UN00000367740</b>
STREET ADDRESS	<b>05/20/05-80003-014 50.00</b>
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:**  386  
5/17/05 4376007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #