2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # L02000030395 COLONIAL SUPER CARWASH, LLC Principal Place of Business Mailing Address 302 NE HANCOCK STREET PO BOX 934 MADISON, FL 32340 MADISON, FL 32340 01312005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Far 41-2069874 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DULAY, MARIA L DO NOT WRITE 302 NE HANCOCK STREET MADISON, FL 32340 IN THIS SPACE 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, typed or printed name of registored agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE DULAY, MARIA L NAME STREET ADDRESS 302 NE HANCOCK STREET MADISON, FL 32340 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGN ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE