

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007890

Entity Name: CAR BIZ L.L.C.

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

1609 STEFAN COLE LANE
APOPKA, FL 32703

New Principal Place of Business:

630 CRANES WAY
103
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

1609 STEFAN COLE LANE
APOPKA, FL 32703

New Mailing Address:

630 CRANES WAY
103
ALTAMONTE SPRINGS, FL 32701

FEI Number: 45-0501406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSOURI, MAXIMILLIAM
7116 ROSE AVE.
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

MANSOURI, MAXIMILLIAM
630 CRANES WAY
103
ALTAMONTE SPRINGS, FL, FL 32701 US

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: MAXIMILLIAM MANSOURI

03/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MANSOURI, RAY
Address: 1609 STEFAN COLE LANE
City-St-Zip: APOPKA, FL 32703

Title: MGRM (X) Delete
Name: MANSOURI, MAXIMILLIAM
Address: 1609 STEFAN COLE LANE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MANSOURI, MAXIMILLIAM
Address: 630 CRANES WAY#103
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: MAXIMILLIAM MANSOURI

MGRM

03/23/2005

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