

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90049 033 ****50.00

DOCUMENT # L03000010060					
1. Entity Name 5-POINTS CAR WASH, L.L.C.					
Principal Place of Business 1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304			Mailing Address 1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304		
2. Principal Place of Business 2767 N. Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 2767 N. Dixie Hwy Suite, Apt. #, etc.			
City & State Wilton Manors, Florida Zip: 33334 Country: U.S.		City & State Wilton Manors, Florida Zip: 33334 Country: U.S.		4. FEI Number 54-2104430	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GAGNE, PATRICK 1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304			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, 2004			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATRICK Gagne 1207 MIDDLE RIVER DR. Fort Lauderdale, Florida 33304 <input type="checkbox"/> Change <input checked="" 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	
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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: <u>Patrick Gagne</u> PATRICK Gagne 1-29-04 954-567-3354					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					