2004 LIMITED LIABILITY COMPANY

Apr 26, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000010717** 04-26-2004 90048 023 ****50.00 1. Entity Name PRONTOWASH TOWN CENTER BOCA, LLC Principal Place of Business Mailing Address 5481 N.W. 159TH ST. 5481 N.W. 159TH ST. MIAMI, FL 33014 US MIAMI, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 Chg-LLC CR2E083 (10/03) City & State City & State 4. F5! Number Applied For -1687040 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent -Name KRUGUER, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 5481 N.W. 159TH ST. MIAMI, FL 33014 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to ٠. Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MANAGING MEMBER Addition TITLE - - Delete IIILE PRONTOWASH USA LLC NAME NAME 5481 NW 159 st. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33014 MANAGING WEN BER Addition ☐ Change TITLE ☐ Delete mir LAWRENCE KRUGUER NAME NAME STREET ADDRESS 12333 B CICLELL AVE #1912 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM 1 EL 33129 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP . TITLE ☐ Detete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ... ☐ Change ☐ Addition ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS Bulliage & Call Tab Big & Or Break CITY-ST-ZIP CITY-ST-7IP 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. I ANA GING NEARCO

BY:

LARRY KRYBUR

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANAGER SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

305-623-7851