2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000017715

1. Entity Name
AUTO SPA NAPLES, LLC

Ը U U U U U I U

Principal Place of Business	Mailing Address
445 DOCKSIDE DRIVE #904 NAPLES, FL 34110 US	P.O. BOX 110687 NAPLES, FL 34108-0124 US

04182005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business 2630 Pine Ridge Road	3. Mailing Address	4. FEI Number 33-1072826	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Naples, FL	City & State	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
Zip 34109	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLLMAN, EDWARD E 5129 CASTELLO DRIVE #1 NAPLES, FL 34103	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2005**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	TSCHETTER, RONALD A		NAME			
STREET ADDRESS	445 DOCKSIDE DRIVE, #904		STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	TSCHETTER, NANCY E		NAME			
STREET ADDRESS	445 DOCKSIDE DRIVE, #904		STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _(signature)_   4/25/05   4062683022

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

RONALD A. TSCHETTER