

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L0300021052**  
 1. Entity Name  
**FLORIDA AUTO COLORS OF VOLUSIA COUNTY, LLC**



Principal Place of Business 304 SOUTH DIXIE HIGHWAY EAST POMPANO BEACH, FL 33060	Mailing Address 304 SOUTH DIXIE HIGHWAY EAST POMPANO BEACH, FL 33060
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**DO NOT WRITE IN THIS SPACE**



03222006No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0835653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COLBURN, RONALD A  
 304 SOUTH DIXIE HWY. EAST  
 POMPANO BEACH, FL 33060

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

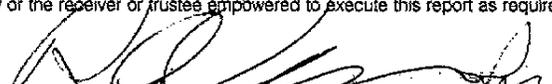
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLBURN, RONALD A 304 SOUTH DIXIE HIGHWAY EAST POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLBURN, RONALD A II 304 SOUTH DIXIE HIGHWAY EAST POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000538069  
 05/09/06-80042-023 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4-21-06** **954-782-9465**

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