
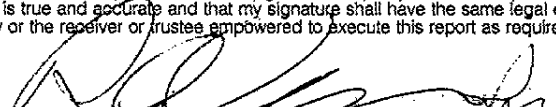


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000021052 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4-21-06 954-782-9465 <small>Date Daytime Phone #</small>



03222006 No Chg-LLC

CR2E083 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**