2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# L04000005806

Entity Name: AUTHENTIC COLLISION CENTER, LLC

Current Principal Place of Business:

P.O. BOX 453488
KISSIMMEE, FL 34745

New Principal Place of Business:

1007 N CENTRAL AVE
KISSIMMEE, FL 34741

Current Mailing Address:

P.O. BOX 453488
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 01-0808677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, ABEL
3012 STILLWATER DRIVE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: FERNANDEZ, ABEL
Address: P.O. BOX 453488
City-St-Zip: KISSIMMEE, FL 34745

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ABEL FERNANDEZ MGRM 01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date