2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

03-24-2006 90222 033 ****50.00

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SECRETARY OF STATE DIVISION OF CORPORATIONS

1st MOORE CR2E083 (10/05)

DOCUMENT # L04000040144

1. Entity Name

ALAFAYA SUPER CAR WASH, LLC

Principal Place of Business	Mailing Address
302 NE HANCOCK STREET MADISON FL 32340	302 NE HANCOCK STREET MADISON FL 32340

2. Principal Place of Business	3. Mailing Address
228 NE Hancock Avenue	PO Box 934
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madison, FL	City & State: Madison, FL
Zip: 32340 Country:	Zip: 32341 Country:

4. FEI Number: L04000040144 ~~AP FILED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARIA LINDA DULAY ~~302 NE HANCOCK STREET~~ 228 NE Hancock Avenue MADISON FL 32340	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] DATE: 3/15/06

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARIA LINDA DULAY POST OFFICE BOX 934 MADISON FL 32341	☐ Delete	MGR Dulay, Maria Linda 228 NE Hancock Avenue Madison, FL. 32340	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3/15/06

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