

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90102 033 \*\*\*\*50.00

|   |                                 |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| <b>DOCUMENT # L04000048282</b><br>1. Entity Name<br><b>DOUGLAS AVENUE CAR WASH, LLC</b>   |                                 |  |  |  |  |
| Principal Place of Business<br><b>728 WEST SMITH STREET<br/>ORLANDO, FL 32804</b>   |                                 |  | Mailing Address<br><b>728 WEST SMITH STREET<br/>ORLANDO, FL 32804</b>  |  |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                                 | City & State   |  |  |  |
| Zip   | Country                         | Zip  | Country  | 02152005    Chg-LLC    CR2E083 (10/03)                                       |  |
| 4. FEI Number<br><b>20-1300907</b>  |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 |  |  | <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent   |                                 |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>DREGGORS, RICK<br/>728 WEST SMITH STREET<br/>ORLANDO, FL 32804</b>   |                                 |  | Name <b>Richard C. Dreggors</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>728 West Smith Street</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32804</b> |  |  |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                                 |  | DATE <b>4/18/05</b><br><small>(NOTE: Registered Agent signature required when withdrawing)</small>   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                 | <b>Make check payable to<br/>Florida Department of State</b> |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                 |  | DATE <b>4/18/05</b> (407) 835-3395<br><small>Daytime Phone #</small>   |  |  |