2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

1. Entity Name ICS CAR WASH LLC

DOCUMENT # L04000053058

Principal Place of Business

3600 INVESTMENT LANE WEST PALM BEACH, FL 33404 Mailing Address

3600 INVESTMENT LANE WEST PALM BEACH, FL 33404

FILED Apr 11, 2007 08:00 Al Secretary of State



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3624535

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLETTE, SCOTT 3600 INVESTMENT LANE SUITE 101 WEST PALM BEACH, FL 33404

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of cha	anging Its registered office or registered agent, or both, i	n the State of Florida. I am familiar with, and accept	
	the obligations of registered agent.			
SIGNATURE				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

Filing Fee is \$50.00 Due by May 1, 2007

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	COLLETE, SCOTT	
STREET ADDRESS	3600 INVESTMENT LANE	
CITY-\$1-ZIP	WEST PALM BEACH, FL 33404	
TITLE	MGRM	
NAME	COLLETE, KEVIN	
STREET ADDRESS	3600 INVESTMENT LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33404	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS	,	
CITY-ST-ZIP		
THILE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby	certify that the information supplied with this filing does not qualify for the ex	

U00000699109 04/19/07-80029-015 50.00

DO NOT WRITE IN THIS SPACE

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: X

SIGNATURE AND TYPED OF PRINTED HAME O G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #