


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90096 036 \*\*\*\*55.00

<b>DOCUMENT # L04000061227</b> 1. Entity Name <b>PALM BEACH AUTO WASH, LLC</b>					
Principal Place of Business <b>4100 RCA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33408</b>			Mailing Address <b>4100 RCA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33408</b>		
2. Principal Place of Business <b>5577 OKEECHOBEE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>5577 OKEECHOBEE BLVD</b> Suite, Apt. #, etc.			
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>13-4287132</b>	
Zip <b>33417</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EAVENSON, BRADLEY B 4100 RCA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33408</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>Manuel S. Andrade</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>MANUEL S. ANDRADE</b> <small>Date</small> <b>1-14-05</b> <small>Daytime Phone #</small> <b>371-8006</b>		

**20003213**



01102005 Chg-LLC CR2E083 (10/03)