2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000061227

1. Entity Name

PALM BEACH AUTO WASH, LLC



FILED Jan 20, 2006 08:00 AN Secretary of State

Principal Place of Business

5577 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 Mailing Address

5577 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417



01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4287132 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EAVENSON, BRADLEY B 4100 RCA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33408

DO NOT WRITE IN THIS SPACE

 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 according to the obligations of registered agent. 			
SIGNA			
	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, 2006		
9.	MANAGING MEMBERS/MANĀGERS		, <u> </u>

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ANDRADE, MANUEL S 53 ST THOMAS DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE READY, ROBERT C 5577 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LOBERT READY VICE 1.20.00

478.299

Daytime Phone #