

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000068572</b>		
1. Entity Name ED'S AUTO REPAIR, LLC		
Principal Place of Business 3825 STATE ROAD 60 WEST MULBERRY, FL 33860 US	Mailing Address P. O. BOX 998 MULBERRY, FL 33860 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01072006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 20-1640457		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  JONES, THOMAS E 3825 STATE ROAD 60 WEST MULBERRY, FL 33860		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. * MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, THOMAS E 3825 STATE ROAD 60 WEST MULBERRY, FL 33860	
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11. 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: <u>Thomas E. Jones</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		1-12-06 863.425.8438 Date Daytime Phone #