

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90070 048 ****50.00

DOCUMENT # L04000079859					
1. Entity Name THE WASH HOUSE LLC					
Principal Place of Business 25 N SCENIC HWY FROSTPROOF, FL 33843 US			Mailing Address 25 N SCENIC HWY FROSTPROOF, FL 33843 US		
2. Principal Place of Business		3. Mailing Address 500 N Scenic Highway			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Frostproof FL		4. FEI Number 20-1882838	
Zip 33843		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCARBOROUGH, BEVERLY A 25 N SCENIC HWY FROSTPROOF, FL 33843			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) 500 N Scenic Hwy		
City			FL		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 <i>Beverly A Scarborough</i> <i>Beverly A Scarborough</i>				DATE <i>2-13-5</i>	
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, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARBOROUGH, BEVERLY A 500 N SCENIC HWY FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARBOROUGH, JAMES B 500 N SCENIC HWY FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARBOROUGH, JAMES B 500 N SCENIC HWY FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARBOROUGH, JAMES B 500 N SCENIC HWY FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARBOROUGH, JAMES B 500 N SCENIC HWY FROSTPROOF, FL 33843	<input type="checkbox"/> Delete			
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: <i>Beverly A Scarborough</i> <i>Beverly A Scarborough</i>				Date <i>2-13-5</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <i>8636352645</i>	