### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000082953

1. Entity Name

EASY CARE CARE WASH NORTH, LLC



Principal Place of Business

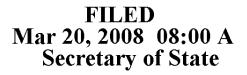
9260 BAY PLAZA BLVD

SUITE 501 TAMPA, FL 33619 Mailing Address

9260 BAY PLAZA BLVD

SUITE 501

TAMPA, FL 33619





DO NOT WRITE IN THIS SPACE

03032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1848742

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOOLE, DANA G 2065 THOMASVILLE RD 1ST FLOOR 101-102 TALLAHASSEE, FL 32308

## DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FERREIRA, RANDY X
STREET ADDRESS	9260 BAY PLAZA BLVD SUITE 501
CITY-ST-ZIP	TAMPA, FL 33619
THILE	MGRM
NAME	RAIRIGH, RAYMOND L
STREET ADDRESS	9260 BAY PLAZA BLVD SUITE 501
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	MGRM
NAME	PACKER INVESTMENTS, LLC
STREET ADDRESS	9260 BAY PLAZA BLVD SUITE 501
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NÀME	
STREET ADDRESS	
CITY-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000864764 04/04/08-80027-021 138.75

# 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.

Randy

Ferreir

SIGNATURE: \_

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

3112/08

813 620-0800

Date

Daytime Phone #