## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2006 08:00 AN Secretary of State

	77,110	LREPURI		<del></del>		J	n Su	
<ol> <li>Entity Name</li> </ol>	MENT # L0500004 CAR WASH, L.L.C.	0275						
Principal Place	SIDE DRIVE	Mailing Address 5361 SOUNDSIDE DRI						
GULFBREEZE,	, FL 32563	GULFBREEZE, FL 325	103	1 1 2 2 1 1 1 1 1 1 1 1 1				HE WHE
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006	Chg-LLC	CRZE08	3 (11/05)	
City & State		City & State		4. FEI Numb	66-76-29	15	<u> </u>	oplied For at Applicat
Zip	Country	Zip	Country	}	of Status Desired	LJ É	5.00 Add	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and	d Address of New R	egistered Aç	jent	
5361 SOU!	.D, ALLEN R NDSIDE DRIVE EZE, FL 32563			dress (P.O. Box Numb	per is Not Acceptable	∍)		
			City			FL	Zip Cod	.e
				<del></del>	<del></del>	and the Committee		and aces
	named entity submits this statement	I for the purpose of changing if	ts registered affice or r	egistered agent, or b	oth, in the State of Fig	once. I am ia	umar wan,	and scca
the obligati	named entity submits this statement ions of registered agent.	t for the purpose of changing if	is registered office or r	egistered agent, or b	oth, in the State of Fig	onqa. Izmia	kunar wan,	and scop
			is registered office or r		oth, in the State of Fig	DATE	imiliar waa,	
the obligation	ions of registered agent.				Mak		yable to	F 198
the obligate SIGNATURE .	ions of registered agent.  Signature, typed or printed reme of registered ag  Illing Fee is \$50.00  up by May 1, 2008  MANAGING MEN	ren and filte if applicable. (NC	TE Registered Agent signature 10.		Mak	DATE  Se check pa  a Departme	yable to nt of State	te
the obligate SIGNATURE  FI Di  9. ITTLE NAME	ions of registered agent.  Signature, typed or printed reme of registered ag  Signature, typed or printed reme or typed or typ	gers and title if applicable. (NC	TE Registered Agent signaturi		Mak Florida AODITIONS	DATE Le check pa a Departme ICHANGES	eyable to nt of State	ke AA
SIGNATURE  9. ITTLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME SIRRET ADDRESS SIRRET ADDRESS	ions of registered agent.  Signature, hyped or printed reme of registered agent.  Illing Fee is \$50.00  WANAGING MEN  MARCHONALD, ALLEN R  5361 SOUNDSIDE DRIVE	ren and filte if applicable. (NC	10. TITLE NAME STITLE JADDRESS ETTY-ST-ZIP DISLE NAME STREET ADDRESS		Mak Florida ADDITIONS	DATE to check pa a Departme /CHANGES 8005410 96-8004	eyable to nt of State	ke TAN
THE ODLIGATION OF THE DISTRICT ADDRESS CITY-SI-ZIP	ions of registered agent.  Signature, hyped or printed reme of registered agent.  Illing Fee is \$50.00  WANAGING MEN  MARCHONALD, ALLEN R  5361 SOUNDSIDE DRIVE	ren and little of epipticable. (NC	10. TRUE NAME STIFFE ADDRESS CITY-ST-ZIP DILE NAME		Mak Florida ADDITIONS	DATE to check pa a Departme /CHANGES BD05410 BC-8004	yable to nt of State Onernie 72 3-008	50.0
SIGNATURE  SIGNATURE  P.  ITTLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	ions of registered agent.  Signature, hyped or printed reme of registered agent.  Illing Fee is \$50.00  WANAGING MEN  MARCHONALD, ALLEN R  5361 SOUNDSIDE DRIVE	PERS/MANAGERS  Delete	TO.  THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS		Mak Florida ADDITIONS	DATE to check pa a Departme /CHANGES BD05410 BC-8004	yable to nt of State Change 72 3-008	50.0 
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SIGNATURE: (Allen R. McDanald) 4/25/06 (850) 516-7842
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deptime Phone 6