2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L05000043747

Entity Name: DRISCOLL AUTO TOW, LLC

Current Principal Place of Business:

474357 E. STATE ROAD 200
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

474357 E. STATE ROAD 200/A1A
FERNANDINA BEACH, FL 32034

Current Mailing Address:

19 SOUTH 6TH STREET
FERNANDINA BEACH, FL 32034

New Mailing Address:

PO BOX 451
FERNANDINA BEACH, FL 32035

FEI Number: 30-0314199   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALTERS, KENNETH R
19 SOUTH 6TH STREET
FERNANDINA BEACH, FL 32034   US

Name and Address of New Registered Agent:

WALTERS, KENNETH R
2862 PARK SQUARE PLACE
FERNANDINA BEACH, FL 32034   US

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.

SIGNATURE: _____   02/08/2006
              Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES:

Title:	MGRM ( ) Change (X) Addition
Name:	WALTERS, KENNETH R
Address:	2862 PARK SQUARE PLACE
City-St-Zip:	FERNANDINA BEACH, FL 32034

Title:	MEM ( ) Change (X) Addition
Name:	AUTOMASTERS & ACCESS, ORIES, INC
Address:	474357 E. SR 200/A1A
City-St-Zip:	FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH R WALTERS   MGMR   02/08/2006
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date