2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,

FILED DOCUMENT # L05000046391 Jan 25, 2007 08:00 AM 1. Entity Namo **Secretary of State** SHAMROCK AUTO CARE CENTER, LLC Principal Place of Business Mailing Address 16291 SE HIGHWAY 19 PO BOX 369 CROSS CITY FL 32628 CROSS CITY FL 32628 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 71-0673524 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKHAM, LEN Street Address (P.O. Box Number is Not Acceptable) 16291 SE HIGHWAY 19 CROSS CITY FL 32628 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 DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. шц ш Addition MGR Delete Change U00000603437 NAME NAMB BECKHAM, LEN 01/29/07-80013-015 50.00 STREET ADDRESS STREET ADDRESS 16291 SE HIGHWAY 19 CITY SI-ZIP CROSS CITY FL 32628 CHY ST ZIP HILE ☐ Delete HILL Change ■ Addition NAM STREET ADDRESS SHILL LADDRESS CHY-SI-7IP CHY ST ZIP IIIII Delete 1111 ☐ Change ■ Addition NASE NA ME STREET LADDRESS STREET ADDRESS CITY-SE ZIP GIY-ST ZIP HILE ☐ Delete IIRI Chance ☐ Addition NAM NAM STREET ADDRESS STREET ADDRESS GHY SI-ZIP CHY SI 78P 31311 ☐ Delete 1888 9 Addition ☐ Change NAME NAMI SIRFLI ADDRESS SHIEF LADERESS CHY SI ZIP CHY-SIZE HILL ☐ Delete mi ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CHY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 region or traffice empowered to execute this report as required by Chapter 608, Florida Statutes.

NAGER, OR AUTHORIZED REPRESENTATIV