2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-03-2006 90067 019 ****50.00 **DOCUMENT #L05000083769** 1. Entity Name JJ AUTO BODY SHOP L.L.C. 30000-Principal Place of Business Mailing Address 910 E. CREST PLACE 910 E. CREST PLACE TAMPA, FL 33604 TAMPA, FL 33604 2. Principal Piece of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03282008 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 76-Not Applicable Country Country \$5.00 Additional ΖIp Ziρ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAIME, JOSE Street Address (P.O. Box Number is Not Acceptable) 910 E. CREST PLACE TAMPA, FL 33604 City 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 Signature, typed or provided name of regretered against and title if applicable. (NOTE: Registered Agent signiture required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGR TITLE TITLE Change Addition JAIME, JOSE MANE HALLE STREET ADDRESS 910 E. CREST PLACE STREET ADDRESS CITY-ST-ZEP TAMPA, FL 33604 CITY-\$1-ZP TILE Charge Addition TITLE Deleta MONTERO, DOMINGO NAME NAME 910 E. CREST PLACE STREET ADDRESS STREET ADDRESS CSTY-ST-7P TAMPA, FL 33604 CITY-ST-ZP ITILE ☐ Delate TITLE ☐ Change ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCORESS CITY-ST-ZIP CITY-S1-ZP ☐ Chance ☐ Addition TILE Delete me STREET ADDRESS STREET ADDRESS (XTY-\$T-ZIP CITY-ST-ZP TITLE TITLE ☐ Change ☐ Addition Colete MARKET HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P 11. I hereby certify that the information supplied with this filing 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. SIGNATURE

FILED

Apr 21, 2006 8:00 am Secretary of State

Daytine Prone 6