

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000100697 1. Entity Name NORTHLAKE AUTO SPA LLC	
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Principal Place of Business 707 NORTHLAKE BOULEVARD NORTH PALM BEACH FL 33408 US	Mailing Address 707 NORTHLAKE BLVD. NORTH PALM BEACH FL 33408 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

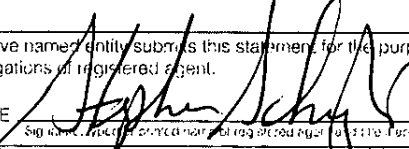
1st MOORE CR2E083 (10/07)

4. FEI Number 20-3622259	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWEIGHARDT, STEPHEN MGRM 6804 CYPRESS COVE CIRCLE JUPITER FL 33458	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

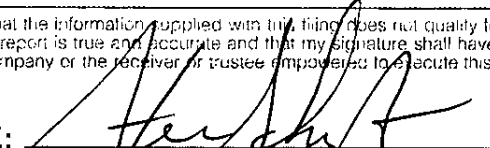
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWEIGHARDT, STEPHEN 6804 CYPRESS COVE CIRCLE JUPITER FL 33458 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWEIGHARDT, SIMON 280 NW 67TH STREET BOCA RATON FL 33487 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000842819 03/11/08-80045-014 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
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SIGNATURE: 	1-24-08 561-863-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	