

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90092 022 \*\*\*\*50.00

<b>DOCUMENT # L05000102926</b>	
1. Entity Name JESUS AUTO BODY SHOP & REPAIR L.L.C.	

Principal Place of Business 5009 N. GRADY AVE. TAMPA, FL 33614	Mailing Address 5009 N. GRADY AVE. TAMPA, FL 33614
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07132006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JUAN, JESUS F 5009 N. GRADY AVE. TAMPA, FL 33614		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUAN, JESUS F 5009 N. GRADY AVE. TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Jesús F. Juan* 7/14/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #