

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004490

FILED
May 01, 2007
Secretary of State

Entity Name: CITY CAR CARE GROUP, LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD STE 715
CORAL GABLES, FL 33134

New Principal Place of Business:

255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD STE 715
CORAL GABLES, FL 33134

New Mailing Address:

255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134

FEI Number: 20-4203321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARAGON REGISTERED AGENT, INC.
999 PONCE DE LEON BLVD STE 715
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ARAGON REGISTERED AGENTS, INC.
255 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134 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: MAYRA FERNANDEZ

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CARRILLO, GUILLERMO
Address: 255 ALHAMBRA CIRCLE SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: GUILLERMO CARRILLO

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date