2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT

Secretary of State DOCUMENT # L06000070847 02-22-2007 90278 042 ****50.00 ORANGE PARK CAR WASH, LLC Mailing Address Principal Place of Business 11 GARDEN DRIVE 1775 WELLS ROAD --BOYNTON BEACH, FL 33431 ORANGE PARK, FL 30273 - US-US NONE 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01292007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Zip Zio Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCUTCHEN, BILLIE H Street Address (P.O. Box Number is Not Acceptable) 11 GARDEN DRIVE BOYNTON BEACH, FL 33431 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, lyped or printed name of registered agent and Hell (applicable). (NOTE: Registered Agent signature required when reinstaling) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ■ Addition TITLE Delete TITLE Change MCCUTCHEN, BILLIE H NAME NAME STREET ADDRESS 11 GARDEN DRIVE STREET ADDRESS CITY-ST-7/P BOYNTON BEACH, FL 33431 CITY-ST-ZIP Addition TITLE Delete TITLE Change MCCUTCHEN, MICHAEL S NAME 10706 HARTWICK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34987 CITY-ST-ZIP MGRM ☐ Change ☐ Delete TITLE Addition WHITESIDE, DUSTIN NAME NAME 8470 BELVEDERE ROAD STREET ADDRESS STREET ADORESS WEST PALM BEACH, FL 33411 CITY ST ZIP CITY ST - ZIP Delete ■ Addition MGRM TITLE ☐ Change TITLE WHITESIDE, STACY NAME STREET ADDRESS 8470 BELVEDERE ROAD STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33411 TITLE ☐ Change ☐ Addition TITLE ☐ De!ete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP

FILED

Feb 22, 2007 8:00 am

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: 63:44-313-9074

RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE