
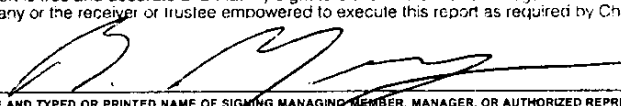


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90206 038 ****50.00

DOCUMENT # L06000101915					
1. Entity Name M2 COLLISION CARE CENTER, LLC					
Principal Place of Business 96 WILLARD STREET, SUITE 202 COCOA, FL 32922			Mailing Address 96 WILLARD STREET, SUITE 202 COCOA, FL 32922		
2. Principal Place of Business - No P.O. Box # 3781 Chardonnay Drive		3. Mailing Address 3781 Chardonnay Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Viera Florida		City & State Viera Florida		4. FEI Number 02192007 Chg-LLC CR2E083 (12/06)	
Zip 32955		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESNICK, DAVID M 96 WILLARD STREET, SUITE 202 COCOA, FL 32922			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAJQCHA, BRIAN C 96 WILLARD STREET, SUITE 202 COCOA, FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3781 Chardonnay Drive Viera, Florida 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAJOCHA, SUSAN 96 WILLARD STREET, SUITE 202 COCOA, FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3781 Chardonnay Drive Viera Florida 32955	
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	
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	
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	
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	
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 606, Florida Statutes.					
SIGNATURE: 			Date Feb 19/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		