

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070426

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: CAR BOYZ, LLC

**Current Principal Place of Business:**

729 SR 20  
HOLLISTER, FL 32148 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 120  
HOLLISTER, FL 32148 US

**New Mailing Address:**

FEI Number: 30-0368920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIPP, H. P  
901 COUSINTOWN ROAD  
INTERLACHEN, FL 32148 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHIPP, H. P  
Address: 901 COUSINTOWN ROAD  
City-St-Zip: INTERLACHEN, FL 32148 US

Title: MGRM ( ) Delete  
Name: SHIPP, CAMILLE A  
Address: 901 COUSINTOWN ROAD  
City-St-Zip: INTERLACHEN, FL 32148 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: SHIPP, JONATHAN P  
Address: 885 COUSINTOWN ROAD  
City-St-Zip: INTERLACHEN, FL 32148 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CAMILLE SHIPP

MGRM

04/09/2007

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