

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 A
Secretary of State

DOCUMENT # L00000012698

1. Entity Name
TRUCKARE 1, L.L.C.



Principal Place of Business
430 NORTH MILLS RD.
ORLANDO, FL 32803

Mailing Address
PO BOX 533351
ORLANDO, FL 32853-3351



01082004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3678654	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFKOWTIZ, IVAN
430 N MILLS AVE
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFKOWITZ, IVAN 430 N MILLS AVE ORLANDO, FL 32803
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

IVAN M. LEFKOWITZ, MANAGER

SIGNATURE: Ivan M. Lefkowitz 1-8-04 407-425-1974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #