

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003438

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: A TRUCK LINE, LLC

**Current Principal Place of Business:**

2 GUERDON ROAD  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1829  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 59-3700850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCRAE & METCALF, P.A.  
1677 MAHAN CENTER BOULEVARD  
TALLAHASSEE, FL 32308 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ANDERSON, JOEY  
Address: 2 GUERDON ROAD  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM ( ) Delete  
Name: ANDERSON, DOUG  
Address: 2 GUERDON ROAD  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM ( ) Delete  
Name: SCHREIBER, BRIAN  
Address: 2 GUERDON ROAD  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM (X) Delete  
Name: BROOM, DENISE  
Address: 2 GUERDON ROAD  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOEY ANDERSON

MGRM

04/28/2004

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