


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90047 033 ****50.00

DOCUMENT # L02000033989					
1. Entity Name VOLUME DIMENSIONS, LLC					
Principal Place of Business 2222 S. COMBEE RD. #8 LAKELAND, FL 33801			Mailing Address PO BOX 121 KATHLEEN, FL 33849		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0745451	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VANTERPOOL, KENDEL 2222 SO COMBEE RD. STE 8 LAKELAND, FL 33801			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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANTERPOOL, KENDEL 2222 S. COMBEE RD STE 8 LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANTERPOOL, JOEY 265 BRADY WALK LAWRENCEVILLE, GA 90045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANTERPOOL, SHENEL 265 BRADY WALK LAWRENCEVILLE, GA 90045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, SHARON 265 BRADY WALK LAWRENCEVILLE, GA 90045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VANTERPOOL, KERIDEL 2222 S. COMBEE RD STE 8 LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VANTERPOOL, KENDEL 2222 S. COMBEE RD STE 8 LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANTERPOOL, JOEY 265 BRADY WALK LAWRENCEVILLE, GA 30045	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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:		KENDEL VANTERPOOL		4-15-05 863-669-0803	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	