


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90556 012 \*\*\*\*\*50.00

<b>DOCUMENT # L04000000283</b>																																																					
<b>1. Entity Name</b> PIXIE DUST XPRESS, LLC																																																					
<b>Principal Place of Business</b> 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417			<b>Mailing Address</b> 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417																																																		
<b>2. Principal Place of Business</b> 7615 HIDDEN HOLLOW DR. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7615 HIDDEN HOLLOW DR. Suite, Apt. #, etc.																																																			
<b>City &amp; State</b> ORLANDO, FL Zip: 32822 Country: Orange		<b>City &amp; State</b> Orlando, FL Zip: 32822 Country: Orange		<b>4. FEI Number</b> 30-0206476 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				MOORE CR2E083 (11/03)																																																	
<b>6. Name and Address of Current Registered Agent</b> COLE, SHELYN L 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417			<b>7. Name and Address of New Registered Agent</b> Name: Shelyn L. Cole Street Address (P.O. Box Number is Not Acceptable): 4803 23RD PLACE NORTH City: WEST PALM BEACH FL Zip Code: 33417																																																		
<b>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.</b>																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">MGR COLE, EARL C JR 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">MGR COLE, EARL C JR. 7615 HIDDEN HOLLOW DR ORLANDO FL 32822</td> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">COLE, BETH GORE 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">MGR COLE, BETH GORE 7615 HIDDEN HOLLOW DR. ORLANDO, FL 32822</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">MGR COLE, SHELYN L 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">MGR COLE, SHELYN L. 4803 23RD PLACE NORTH WEST PALM BEACH FL 33417</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR COLE, EARL C JR 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE	MGR COLE, EARL C JR. 7615 HIDDEN HOLLOW DR ORLANDO FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	COLE, BETH GORE 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	NAME	MGR COLE, BETH GORE 7615 HIDDEN HOLLOW DR. ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	MGR COLE, SHELYN L 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	STREET ADDRESS	MGR COLE, SHELYN L. 4803 23RD PLACE NORTH WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>																																																					
<b>SIGNATURE:</b> <u>Earl C Cole Jr</u> <u>3-26-04</u> <u>407-257-1275</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																					