


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**

**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000006597	
1. Entity Name INTERNATIONAL BARGE AND EQUIPMENT COMPANY, LLC	

Principal Place of Business 385 RIVERBEND ROAD SHELBYVILLE, TN 37160	Mailing Address 385 RIVERBEND ROAD SHELBYVILLE, TN 37160
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DO NOT WRITE IN THIS SPACE

	
01152004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 58-2549896	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

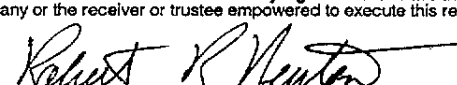
6. Name and Address of Current Registered Agent  JONES, RICHARD K 501 WEST BAY STREET JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2004	U000000030402 02/04/04-80108-006 55.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVP GSTOHL, KENNETH E 7320 ST. RD. 13 N. ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MST STALTSMAN, JOHN B JR. 5569 KNOB ROAD NASHVILLE, TN 37209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP THORNTON, G.E. 115 MIDDLETON CIRCLE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCFO NEWTON, ROBERT R 385 RIVERBEND ROAD SHELBYVILLE, TN 37160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: 	Date: 1-29-04	Daytime Phone #: 931-684-5055
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		