


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010842

1. Entity Name
 A-1 TRAILERS, L.L.C.



Principal Place of Business 12512 LAKESHORE DR. CLERMONT, FL 34711	Mailing Address 12512 LAKESHORE DR. CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



07072004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1117704	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

RUSS, CHARLES R
 12512 S. LAKESHORE DR.
 CLERMONT, FL 34711-8844

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

110000165285
 07/12/04-80006-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSS, CHARLES R 12512 S. LAKESHORE DR. CLERMONT, FL 34711
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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)(b), 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: *Dianne Russ* **DIANNE RUSS** **7/07/04** **352-394-0399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #