

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000011747

1. Entity Name

Trolley Leasing, LLC

FILED
Sep 15, 2002 8:00 am
Secretary of State

06-24-2002 90296 038 ****50.00

DO NOT WRITE IN THIS SPACE

42635

2. Principal Place of Business Trolley Leasing LLC Suite, Apt., etc. 73 MOUNTAIN VIEW RD. City & State BLACK MOUNTAIN, N.C. Zip 28711 Country BLMCOMBE		3. Mailing Address Trolley Leasing LLC Suite, Apt., etc. 73 MOUNTAIN VIEW RD. City & State BLACK MOUNTAIN, N.C. Zip 28711 Country BLMCOMBE		4. FEI Number 59-3678313 Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent Name Richard Mills Street Address (P.O. Box Number Is Not Acceptable) 2727 NE 18th Street City Ft. Lauderdale, FL Zip Code 33305	
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Sep 6, 2002
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT ANN CHALMERS 73 MOUNTAIN VIEW ROAD BLACK MOUNTAIN, N.C. 28711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER RICHARD A. MILLS, III 73 MOUNTAIN VIEW ROAD BLACK MOUNTAIN, N.C. 28711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sep 9, 2002 (688) 669 8046
Date Daytime Phone #

CR2E0838 (12/01)



Attachment

42635

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 28, 2002

TROLLEY LEASING, LLC
73 MOUNTAIN VIEW ROAD
BLACK MOUNTAIN, NC 28711

Subject: TROLLEY LEASING, LLC

Reference Number: L00000011747

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JC

ANNUAL REPORTS SECTION