2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000011747

1. Entity Name TROLLEY LEASING, LLC



FILED Apr 14, 2004 08:00 AM Secretary of State

Principal Place of Business

TROLLEY LEASING LLC 73 MOUNTAIN VIEW RD BLACK MOUNTAIN, NC 28711 Mailing Address

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



04102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3678313

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, RICHARD 2727 NE 18TH STREET FORT LAUDERDALE, FL 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. I am familiar with, and accept the obligations of registered agent. | | | | |
|---|--|--|------|------------|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if app®cable. | (NOTE, Registered Agent signature required when reinstating) DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | U00000112984 04/14/04-80045-004 55.00 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLS, RICHARD III 73 MOUNTAIN VIEW RD BLACK MOUNTAIN, NC 28711 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHALMERS, ANN 73 MOUNTAIN VIEW RD BLACK MOUNTAIN, NC 28711 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN 7 | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS | | | | |

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Apr. 1 10, 2004 828 669