


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L00000012878
 1. Entity Name
 ASTROCOURIER, L.L.C.



Principal Place of Business: 203 N. GADSDEN ST. #3 TALLAHASSEE, FL 32301
 Mailing Address: 1103 S. HUDSON AVE. LOS ANGELES, CA 90019

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07072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number: 59-3681225 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SIBSON DOVE, JOYCE
 203 N. GADSDEN ST. #3
 TALLAHASSEE, FL 32301

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	NIXON, DAVID
STREET ADDRESS	1103 SOUTH HUDSON AVE
CITY-ST-ZIP	LOS ANGELES, CA 90019
TITLE	D
NAME	LATER, NICHOLAS
STREET ADDRESS	P.O. BOX 235, ENNIS
CITY-ST-ZIP	COUNTY CLARE, IRELAND,
TITLE	D
NAME	WILSON, JAMES
STREET ADDRESS	P.O. BOX 2006, 9209 MITCHELL RD
CITY-ST-ZIP	LA PLATA, MD 206462006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: DAVID NIXON DATE: JULY 7, 2004 DAYTIME PHONE #: (323) 954-0512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE