

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014889

FILED
Apr 27, 2005
Secretary of State

Entity Name: TRUCKLUBE I OF JACKSONVILLE, L.L.C.

Current Principal Place of Business:

2141 N. LANE AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 521575
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 59-3741788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVE.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: STEVENSON, HARRY J JR
Address: 1330 S CR 427
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: NEWTON, BRIAN
Address: 1330 S CR 427
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: LEFTOWITZ, IVAN
Address: 430 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRIAN R. NEWTON

MGR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date