

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001797

FILED
Apr 21, 2004
Secretary of State

Entity Name: SUN ISLAND FREIGHT, L.C.

Current Principal Place of Business:

2199 PONCE DE LEON BLVD., STE 301
CORAL GABLES, FL 33134

New Principal Place of Business:

7794 NORTHWEST 46TH STREET
MIAMI, FL 33166

Current Mailing Address:

2199 PONCE DE LEON BLVD., STE 301
CORAL GABLES, FL 33134

New Mailing Address:

17401 NORTHWEST 8TH STREET
PEMBROKE PINES, FL 33029

FEI Number: 01-0583091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BLVD., STE 301
CORAL GABLES, FL 33134

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: TS () Delete
Name: LAFORD, JEROME
Address: 7794 NW 46 ST.
City-St-Zip: MIAMI, FL 33166

Title: VP () Delete
Name: BASANTA, LUANNE
Address: 7794 NW 46 ST.
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAFORD, JEROME
Address: 7794 NW 46 ST.
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change () Addition
Name: BASANTA, LUANNE
Address: 7794 NW 46 ST.
City-St-Zip: MIAMI, FL 33166

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: JEROME LAFOND

MGRM

04/21/2004

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