## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002123

Entity Name: LUBEWORKS ASSOCIATES, LLC

FILED Feb 24, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5405 ORTEGA BLVD. 1717 BLANDING BLVD JACKSONVILLE, FL 32210

SUITE 104

JACKSONVILLE, FL 32210

**Current Mailing Address: New Mailing Address:** 

1717 BLANDING BLVD 5405 ORTEGA BLVD JACKSONVILLE, FL 32210

SUITE 104

JACKSONVILLE, FL 32210

FEI Number: 37-1418747 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SINN, JAMES PLYLER, DAVID C 1717 BLANDING BLVD 5405 ORTEGA BLVD. JACKSONVILLE, FL 32210 SUITE 104

JACKSONVILLE, FL 32210

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: DAVID C. PLYLER 02/24/2004

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:**

MGRM (X) Change ( ) Addition () Delete SINN, JAMES LUBE WORKS, LLC, Name: Name: Address: 5405 ORTEGA BLVD. Address: 1717 BLANDING BLVD, SUITE 104 City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM (X) Delete Title: () Change () Addition

Name: LUBEWORKS, LLC, Name: Address: 5405 ORTEGA BLVD. Address: City-St-Zip: JACKSONVILLE, FL 32210 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: DAVID C. PLYLER 02/24/2004