2004 LIMITED LIABILITY COMPANY

FILED e

ANNUAL REPORT				Mar 29, 2004 08:00		
DOCUMENT # LQ2000021233 1. Entity Name SOUTHERN BELLE TRUCKING, LLC				Sec	retary of Stat	
Principal Plac 940 W. NEW DELAND, FL		Mailing Address 940 W. NEW YORK AVE. DELAND, FL 32720				
C	OO NOT WRITE		CE	03242004 No Chg-LLC 4. FEI Number	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required	
	6. Name and Address of Current C, LINDA E EW YORK AVE. FL 32720	Registered Agent		DO NOT WI	-	
	named entity submits this statement for the statement of the statement for the state		ed office or register	-d	ida. I am famillar with, and accept	
Filing Fee is \$50.00 Due by May 1, 2004				U00000		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGR MANCINIK, LINDA E 940 W. NEW YORK AVE. DELAND, FL 32720	ERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		######################################		DO NOT WI		

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Mancente SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/25/04 Date

Daytime Phone #