


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90011 025 \*\*\*\*55.00

<b>DOCUMENT #</b> L03000018806	
<b>1. Entity Name</b> PAX TRUCKING LLC	

<b>Principal Place of Business</b> 12128 SPRINGMOOR NINE CT JACKSONVILLE, FL 32225	<b>Mailing Address</b> 12128 SPRINGMOOR NINE CT JACKSONVILLE, FL 32225
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<b>2. Principal Place of Business</b> 451 MONUMENT RD APT 114 Suite, Apt. #, etc. 114 City & State JACKSONVILLE, FL Zip 32225 Country USA	<b>3. Mailing Address</b> 19309 FRENCHTON PLACE Suite, Apt. #, etc. City & State MONTGOMERY VILLAGE, MD Zip 20886 Country USA
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01112004 Chg-LLC CR2E083 (10/03)

<b>6. Name and Address of Current Registered Agent</b> WOODLEY, ANTHONY 12128 SPRINGMOOR NINE CT JACKSONVILLE, FL 32225	
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<b>7. Name and Address of New Registered Agent</b> Name WOODLEY ANTHONY Street Address (P.O. Box Number is Not Acceptable) 19309 FRENCHTON PLACE APT 114 City JACKSONVILLE FL Zip Code 32225	
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<b>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.</b> SIGNATURE <i>Anthony R. Woodley</i> DATE 21 JUN 04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>	
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODLEY, ANTHONY 12128 SPRINGMOOR NINE CT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19309 FRENCHTON PLACE MONTGOMERY VILLAGE, MD 20886 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODLEY, PIA 12128 SPRINGMOOR NINE CT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19309 FRENCHTON PLACE MONTGOMERY VILLAGE, MD 20886 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSTON, BRANDY 451 MONUMENT ROAD 114 JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> <i>Anthony R. Woodley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 21 JUN 04 <small>Date</small>	<small>Daytime Phone #</small>
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