## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR).

## FILED Jun 14, 2004 8:00 am Secretary of State

DOCUMENT # L03000019256  1. Entity Name LYNN'S TRANSPORT, LLC				04-29-2004 90080 030 *****5.00 06-14-2004 90290 024 ****50.00
Principal Place of Business Mailing Address 4256 GREEN POCKET LANE 4256 GREEN POCKET LANE ORLANDO FL 32839 ORLANDO FL 32839		LANE	<del>-</del>  .	
2. Principal P	lace of Business	3. Mailing Address	,	
Suite, Apt.	#. elc.	Suite, Apt. #, etc.		MOORE CR2E083 (11/03)
City & State	e	City & State		4. FEI Number   Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S.00 Additional Fee Required
<u> </u>	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
		and regarded to the same	Name	المينيات المنافسية والرابية الحارق الراجعة والعارب المعاولة المنافسية المنافسة المنافسة المنافسة المنافسة المنافسة
SMITH, TERESA LYNN 4256 GREEN-POCKET LANE ORLANDO FL 32839		Street Address	(P.O. Box Number is Not Acceptable)	
ONEANDO I E 32839			City	FL Zip Code
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or registr	ered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent.		. Magratian and	,
SIGNATURE .		404		0.00
<del> </del>	Signature, typed or printed name of registered agent a	A THE STREET STREET	Registered Agent signature require	1945 W. 1970 W. T. 18
	•	Make Check Payabl	OW!!! FEE IS \$50.00 le to Florida Departme By May 1, 2004	
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
IIILE	President.	☐ Oelete	TITLE	☐ Change ☐ Addition
NAME	Terres Smith		NAME	•
STREET ADDRESS	4256 Green Pocket	r Lane	STREET ADDRESS	
CITY-ST-ZIP	Octando, Fl 32	839	C/TY-ST-ZIP	
TITLE NAME	Vice President	Delete	TITLE	Change Addition
STREET ADDRESS	Leon Bell 4256 Green Packet	t lane	NAME STREET ADDRESS	•
CITY-ST-ZIP	Orlando Fla, 32	839	CITY-ST-ZIP	
TITLE	UNIVERSE -	☐ Delete	TIYLE	. Change Addition
NAME		د باداست بریند ریز <del>د معید ۱ در بادا</del> می	- NAME	والمراجع المتعاصلين والمتاه ليباه والمتعاصلين والمتعادية والمتعادية والمتعادية والمتعادية والمتعادية والمتعادية
STREET ADDRESS			STREET ADDRESS	
CITY_ST_ZIP			CITY-ST-ZIP	D Abras D Milia
TITLE		Oelete .	TITLE	☐ Change ☐ Addition
STREET ADDRESS		,	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>
TITLE		☐ Defete	TITLE	Change Addition
NAME		•	NAME	•
STREET ADORESS CITY-ST-ZIP	1	•	STREET ADDRESS CETY+ST-ZIP	
				Cham Dadillo
NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		•	STREET ADDRESS	
CITY-ST-ZIP	n n		CITY-ST-ZIP	
11. Thereby	certify that the information supplied with	this filing does not qualify for	r the exemption stated in f	Section 119.07(3)(i), Florida Statutes. I further certify that the information
Indicated	on this report is true and eccurate and	and llade average and bours	the come local affect or if	f made under oath; that I am a managing member or manager of the
) MINEU R	ability company or the receiver or truster	e empowered to execute this	report as required by Cha	apter 608, Florida Statutes.  Cell 321-303-871