

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034445

FILED
Apr 16, 2004
Secretary of State

Entity Name: OUTBACK TRANSPORT, L.L.C.

Current Principal Place of Business:

119 PINE LANE
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

PO BOX 1020
DAVENPORT, FL 338361020

New Mailing Address:

FEI Number: 56-2389316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN WYK, KARNE F
119 PINE LANE
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

VAN WYK, KAREN F
119 PINE LANE
DAVENPORT, FL 33837 US

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: KAREN F VAN WYK

04/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: VAN WYK, ANDRIES J
Address: PO BOX 802
City-St-Zip: DAVENPORT, FL 338360802

Title: MGR () Delete
Name: CURRIE, PATRICK D
Address: 203 VIA DEL SOL
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM () Delete
Name: VAN WYK, KAREN F
Address: PO BOX 802
City-St-Zip: DAVENPORT, FL 338360802

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KAREN F. VAN WYK

MGRM

04/16/2004

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