

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055954

FILED
Mar 18, 2004
Secretary of State

Entity Name: LAKEWOOD TRANSPORT, LLC

Current Principal Place of Business:

307 OKLAWAHA DR
RIVERVIEW, FL 335695932

New Principal Place of Business:

5816 LAKEWOOD LANE
LAKELAND, FL 33805 US

Current Mailing Address:

12617 S MCLOUD RD
MCLOUD, OK 748518509

New Mailing Address:

12617 S MCLOUD RD
MCLOUD, OK 748518509 US

FEI Number: 20-0425784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, PATRICIA
307 OKLAWAHA DR
RIVERVIEW, FL 335695932

Name and Address of New Registered Agent:

MILLER, PATRICIA
5816 LAKEWOOD LANE
LAKELAND, FL 33805 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:

03/18/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MILLER, PATRICIA A
Address: 307 OKLAWAHA DR
City-St-Zip: RIVERVIEW, FL 335695932

Title: MGRM () Delete
Name: FOX, DEBI K
Address: 12617 S MCLOUD RD
City-St-Zip: MCLOUD, OK 748518509

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, PATRICIA A
Address: 5816 LAKEWOOD LANE
City-St-Zip: LAKELAND, FL 33805 US

Title: MGR (X) Change () Addition
Name: FOX, DEBI K
Address: 12617 S MCLOUD RD
City-St-Zip: MCLOUD, OK 748518509 US

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: DEBI K FOX

MGR

03/18/2004

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