

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90556 012 *****50.00

DOCUMENT # L04000000283					
1. Entity Name PIXIE DUST XPRESS, LLC					
Principal Place of Business 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417			Mailing Address 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417		
2. Principal Place of Business 7615 HIDDEN HOLLOW DR. Suite, Apt. #, etc.		3. Mailing Address 7615 HIDDEN HOLLOW DR. Suite, Apt. #, etc.			
City & State ORLANDO, FL Zip: 32822 Country: Orange		City & State Orlando, FL Zip: 32822 Country: Orange		4. FEI Number 30-0206476 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent COLE, SHELYN L 4783 VIA PALM LK APT 110 WEST PALM BEACH FL 33417			7. Name and Address of New Registered Agent Name: Shelyn L. Cole Street Address (P.O. Box Number is Not Acceptable): 4803 23RD PLACE NORTH City: WEST PALM BEACH FL Zip Code: 33417		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: COLE, EARL C JR STREET ADDRESS: 4783 VIA PALM LK APT 110 CITY-ST-ZIP: WEST PALM BEACH FL 33417	☐ Delete		TITLE: MGR NAME: COLE, EARL C. JR. STREET ADDRESS: 7615 HIDDEN HOLLOW DR CITY-ST-ZIP: ORLANDO FL 32822	☒ Change ☐ Addition	
TITLE: MGRM NAME: COLE, BETH GORE STREET ADDRESS: 4783 VIA PALM LK APT 110 CITY-ST-ZIP: WEST PALM BEACH FL 33417	☐ Delete		TITLE: MGRM NAME: COLE, BETH GORE STREET ADDRESS: 7615 HIDDEN HOLLOW DR. CITY-ST-ZIP: ORLANDO, FL 32822	☒ Change ☐ Addition	
TITLE: MGRM NAME: COLE, SHELYN L STREET ADDRESS: 4783 VIA PALM LK APT 110 CITY-ST-ZIP: WEST PALM BEACH FL 33417	☐ Delete		TITLE: MGRM NAME: COLE, SHELYN L. STREET ADDRESS: 4803 23RD PLACE NORTH CITY-ST-ZIP: WEST PALM BEACH FL 33417	☒ Change ☐ Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ 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.					
SIGNATURE: <u>Earl C. Cole Jr</u> <u>3-26-04</u> <u>407-257-1275</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					