2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 20, 2005 8:00 am Secretary of State 05-20-2005 90208 045 ****50.00

DOCUMENT # L0400000283 1. Entity Name PIXIE DUST XPRESS, LLC						05-20-2005 90208 045 ****50.00					
Principal Plac	e of Business	Mailing Address	Mailing Address								
	NHOLLOW DR.	7615 HIDDENHOLLOW DR.					•				
ORLANDO, F	ORLANDO, FL 32822	NDO, FL 32822									
									10 11001 1000 AP		
2. Principal P	lace of Business	3. Mailing Address									
'		PO.BOX 620845				i ibbliculi vii i	lātis misre marij dzeiri bar		16 (166) 16166 <u>11</u> 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05102005 Chg-LLC CR2E083 (10/03)					
						· · · · · · · · · · · · · · · · · · ·		ONELO			
City & State		ORLANDO, FL				4. FEI Number			<u>_</u>	plied For	
Zip		- Zip Country				30-0206476 Not Applicable \$5.00 Additional					
- Country		32862-0845 Oran		•	5. Certificate		of Status Desired		Pee Required		
	6. Name and Address of Current		10,0.	136		7. Name and	Address of New R	legistered A	gent		
Name Name											
COLE, SHELYN L					ddiana (D	(0 0 D)					
4803 23RD PLACE NORTH WEST PALM BEACH, FL 33417					dress (P.O. Box Number is Not Acceptable)						
WESTFAL	IN BEACH, FL 33417									•	
				Circ					7:a Cad		
			City					FL	Zip Code	е	
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											
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE											
Fil Due I	ing Fee is \$50.00 by September 7, 2005					Make check payable to Florida Department of State					
9.	MANAGING MEMBE	RS/MANAGERS					S/CHANGES				
TITLE	MGR	☐ Defete	TITL		MGR	_	_		Change	Addition	
NAME	COLE, EARL C JR		NAM	E (COLE	earl CS	TR_		•		
STREET ADDRESS	7615 HIDDENHOLLOW DR.			ET ADDRESS	PORO	1620845					
CITY-ST-ZIP	ORLANDO, FL 32822		CITY			do FL	3 <u>3867</u>				
TITLE	MGRM	☐ Delete	TITLE		mgli				Change	Addition	
NAME	COLE, BETH GORE		NAM	£	core,	BETH GO	XCE.		-		
STREET ADDRESS CITY-ST-ZIP	7615 HIDDENHOLLOW DR.			ET ADDRESS - ST-ZIP	POBE	4 63084 W	32012				
	ORLANDO, FL 32822						- 32862				
TITLE	MGRM COLE, SHELYN L	☐ Delete	TITLI	t	MGRI	shelyn			Change	Addition	
NAME STREET ADDRESS	7615 HIDDENHOLLOW DR.		RAM STRE	EET ADDRESS	COIE	3200 D	LACE NOOT	74			
CITY-ST-ZIP	ORLANDO, FL 32822			-ST-ZIP	4000	الم المراكد	LACE NORT EACH FL	33417	,		
TITLE		☐ Delete	trru		ues i	pricit oc	rich i c	-0111	Change	Addition	
NAME		C Deserte	NAM	I							
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE	E			•		Change	☐ Addition	
NAME			NAM	E							
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE	1					Change	Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							
		Abia filian dana ana any		L		See 440 07/03/03	Flacida Dest.	l &t. z	E		
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.											