

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005607

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: KEYSTONE TRUCKING CENTER, LLC

**Current Principal Place of Business:**

7695 ROSE LANE  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

3264 MANHATTAN AVE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

3264 MANHATTAN AVE  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUTCHINGS, WILLIAM  
3264 MANHATTAN AVE  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LIFESTYLE FINANCIAL, SERVICES, INC.  
Address: 3264 MANHATTAN AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: HUTCHINGS, WILLIAM H IV  
Address: 3264 MANHATTAN AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM ( ) Change (X) Addition  
Name: HUGGINS, TIMOTHY R  
Address: ROSE LANE  
City-St-Zip: KEYSTONE HTS, FL

Title: MGRM ( ) Change (X) Addition  
Name: PATE, MAX D JR  
Address: IMMOKALEE DR  
City-St-Zip: KEYSTONE HTS, FL

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: WILLIAM H HUTCHINGS, IV

CEO

02/03/2005

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