

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90134 031 ****50.00

DOCUMENT # L04000016632					
1. Entity Name SCORPION FREIGHT SYSTEMS LLC					
Principal Place of Business 3450 PINEWALK DR N 428 MARGATE, FL 33063 US			Mailing Address 3450 PINEWALK DR N 428 MARGATE, FL 33063 US		
2. Principal Place of Business 170 SW 1st Court Suite, Apt. #, etc.		3. Mailing Address PO Box 9394 Suite, Apt. #, etc.			
City & State Deerfield Beach, FL		City & State Coral Springs, FL		4. FEI Number 81-0644149	
Zip 33444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, JONATHAN D 3450 PINEWALK DR N 428 MARGATE, FL 33063			7. Name and Address of New Registered Agent Name <u>John Ceasar</u> Street Address (P.O. Box Number is Not Acceptable) <u>170 SW 1st Court</u> City <u>Deerfield Beach</u> FL <u>33444</u>		
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 <u>John Ceasar</u> <i>John Ceasar</i> <u>3/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACK, JONATHAN D <input checked="" type="checkbox"/> Delete 3450 PINEWALK DR N #428 MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CEASAR, JOHN <input type="checkbox"/> Delete 170 SW 1ST COURT DEERFIELD BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>John Ceasar</u> <i>John Ceasar</i> <u>3/23/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>561-703-1676</u> <small>Daytime Phone #</small>		