2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# L04000032846

Entity Name: LUBRICATION SPECIALISTS OF NORTHEAST FLORIDA, LLC

Current Principal Place of Business:

4941 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

4941 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 93-1335942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORE', INDIA
4941 MARINERS POINT DRIVE
JACKSONVILLE, FL, FL 32225 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:	KURTZ, BASCOM P	
Address:	4941 MARINERS POINT DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225 US	
Title:	MGRM	( ) Delete
Name:	PALMER, GARY	
Address:	5289 BREAKERS WAY	
City-St-Zip:	CARMEL, IN 46033 US	
Title:	MGRM	( ) Delete
Name:	PAYNE, JERROLD L	
Address:	4941 MARINERS POINT DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225 US	

ADDITIONS/CHANGES:

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

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: BASCOM P. KURTZ MGRM 04/08/2005

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