

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050955

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: THE BEST EXPRESS L.L.C.

**Current Principal Place of Business:**

10865 WILLIAM AND MARY CT  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 692287  
ORLANDO, FL 328692287

**New Mailing Address:**

FEI Number: 20-1834458      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ZAHNLEUTER, JOHN  
10865 WILLIAM AND MARY CT  
ORLANDO, FL 32821    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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZAHNLEUTER, JOHN  
Address: 1190 MINEOLA CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete  
Name: BEST, PATRICIA  
Address: 10865 WILLIAM AND MARY CT  
City-St-Zip: ORLANDO, FL 32821

Title: MGRM ( ) Delete  
Name: BEST, RICHARD  
Address: 10865 WILLIAM AND MARY CT  
City-St-Zip: ORLANDO, FL 32821

**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 exemption stated in Chapter 119, 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: JOHN ZAHNLEUTER

MGR

02/11/2008

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