2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2005
Secretary of State

DOCUMENT# L04000056863

Entity Name: FLORIDA EPA EXPRESS, LLC

Current Principal Place of Business:

113 WALNUT STREET
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

1037 BARBARA AVE.
JACKSONVILLE, FL 32207

Current Mailing Address:

113 WALNUT STREET
NEPTUNE BEACH, FL 32266

New Mailing Address:

1037 BARBARA AVE.
JACKSONVILLE,, FL 32207

FEI Number: 03-0546710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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: EVANS, CHAD A
Address: 6209 SKYLINE SUITE 100
City-St-Zip: HOUSTON, TX 77057

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EVANS, CHAD A
Address: 1037 BARBARA AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Change (X) Addition
Name: MELCHOR, TABATHA C
Address: 1037 BARBARA AVE.
City-St-Zip: JACKSONVILLE, FL 32207

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: TABATHA MELCHOR MR 09/05/2005

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