

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90447 011 ****55.00

DOCUMENT # L99000000767

1. Entity Name
GOODYEAR SWAP MEET, L.C.



Principal Place of Business
2801 E. IRLON BRONSON HIGHWAY
KISSIMMEE, FL 34744

Mailing Address
24 PINE ST.
WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE



04082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3557318

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUONAURO, FRANK A
24 PINE ST.
WINDERMERE, FL 34786

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUONAURO, FRANK A JR.
2801 E. IRLON BRONSON HIGHWAY
KISSIMMEE, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-04

407-876-3595