


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90024 039 \*\*\*\*50.00

<b>DOCUMENT # M01000000949</b> 1. Entity Name <b>PILOT TRAVEL CENTERS LLC</b>					
Principal Place of Business <b>5508 LONAS RD. KNOXVILLE, TN 37909</b>			Mailing Address <b>P.O. BOX 10146 ATTN: TAX KNOXVILLE, TN 37939-0146</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>24065012</b> 	
City & State		City & State		04202004    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>34-1953155</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASLAM III, JAMES A 5020 LYONS VIEW PIKE KNOXVILLE, TN 37919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Mitchell Steenrod 12600 Complain Road Knoxville, TN 37922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORNISH, JEFFREY L 7008 WELLINGTON DRIVE KNOXVILLE, TN 37919	<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	VP HAZELWOOD, MARK A 2009 RUDDER LANE KNOXVILLE, TN 37919	<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	VP BERRY, TIMOTHY 739 OAK CHASE BLVD. LENOIR CITY, TN 37772	<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	VPT PARENT, KENNETH M 1708 REGENTS PARK KNOXVILLE, TN 37922	<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	VPSD WRIGHT, ALAN W 5329 TURTLE POINT LANE KNOXVILLE, TN 37919	<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.					
<b>SIGNATURE:</b> 			<b>Jeffrey L. Cornish</b> (865) 588-7488		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		