

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000000949

1. Entity Name
PILOT TRAVEL CENTERS LLC



Principal Place of Business
**5508 LONAS RD.
KNOXVILLE, TN 37909**

Mailing Address
**P.O. BOX 10146
ATTN: TAX
KNOXVILLE, TN 37939-0146**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1953155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HASLAM III, JAMES A
5020 LYONS VIEW PIKE
KNOXVILLE, TN 37919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCF
STEENROD, MITCHELL D
12600 COMBLAIN RD
KNOXVILLE, TN 37922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HAZELWOOD, MARK A
2009 RUDDER LANE
KNOXVILLE, TN 37919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BERRY, TIMOTHY
739 OAK CHASE BLVD.
LENOIR CITY, TN 37772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
PARENT, KENNETH M
1708 REGENTS PARK
KNOXVILLE, TN 37922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
WRIGHT, ALAN W
5329 TURTLE POINT LANE
KNOXVILLE, TN 37919**

UNNN00399804
02/01/06-80027-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____

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

MITCHELL D. STEENROD

1/13/06 (865) 588-7488

Date

Daytime Phone #