


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 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**

DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC CR2E083 (11/05)

4. FEI Number 34-1953155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

U00000601730
 01/26/07-80062-004 50.00

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

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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: Mitchell D. Steenrod  1/19/2007 (865) 588-7488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #