

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90066 025 \*\*\*138.75

**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**



01142008No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	HASLAM III, JAMES A
STREET ADDRESS	5020 LYONS VIEW PIKE
CITY-ST-ZIP	KNOXVILLE, TN 37919
TITLE	VCF
NAME	STEENROD, MITCHELL D <i>Griggby</i>
STREET ADDRESS	<del>12600 COMPLAIN RD</del> <i>12000 CHAPEL</i>
CITY-ST-ZIP	KNOXVILLE, TN 37922
TITLE	VP
NAME	HAZELWOOD, MARK A
STREET ADDRESS	<del>2000 RUDDER LANE</del> <i>1024 CHEROKEE BLVD.</i>
CITY-ST-ZIP	KNOXVILLE, TN 37919
TITLE	VP
NAME	BERRY, TIMOTHY
STREET ADDRESS	739 OAK CHASE BLVD.
CITY-ST-ZIP	LENOIR CITY, TN 37772
TITLE	VPT
NAME	PARENT, KENNETH M
STREET ADDRESS	1708 REGENTS PARK
CITY-ST-ZIP	KNOXVILLE, TN 37922
TITLE	VP
NAME	WRIGHT, ALAN W
STREET ADDRESS	5329 TURTLE POINT LANE
CITY-ST-ZIP	KNOXVILLE, TN 37919

**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: *Mitchell D. Steenrod*

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

Date

Daytime Phone #

*1-17-08 (865) 588-7488*