

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90020 015 *****55.00

DOCUMENT # M02000000494

1. Entity Name
TWINSTACKS LOGISTICS, LLC



Principal Place of Business
**650 S.E. PARADISE POINT RD #4444
CRYSTAL RIVER, FL 34429**

Mailing Address
**650 S.E. PARADISE POINT RD #4444
CRYSTAL RIVER, FL 34429**



01182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3597924

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BURNER, FRANKIE
400 NW 8TH AVE
CRYSTAL RIVER, FL 34428~~

*Agents and Corporations, Inc.,
Suite E, 773 4th Avenue North
Naples, Florida 34102*

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BURNER, FRANKIE
400 N.W. 8TH AVE.
CRYSTAL RIVER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRAHAM, S D
3534 YOUNG ST.
TITUSVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Frankie Burner, Managing Member

SIGNATURE: *Frankie Burner, Managing Member*

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

2/8/05

Date

312 212-8490

Daytime Phone #