


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000003214</b> 1. Entity Name LAFAYETTE COUNTY CAR COMPANY, LLC	
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Principal Place of Business ONE ACTION AVENUE ODESSA, MO 64076	Mailing Address PO BOX 140 ODESSA, MO 64076
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-1816364	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  
  
BUSINESS FILINGS, INC.  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301-0000

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELLINGTON, BRUCE PO BOX 140/ONE ACTION AVENUE ODESSA, MO 64076
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U000000025250  
02/02/04-80097-016 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** B. Bellington Bruce Bellington Mgr. 1-26-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #