



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90426 048 *****50.00

DOCUMENT # M03000002928 1. Entity Name PARCEL SOLUTIONS, L.L.C.					
Principal Place of Business 1451 W CYPRESS CREEK ROAD SUITE 300 FT. LAUDERDALE FL 33309				Mailing Address 1451 W CYPRESS CREEK ROAD SUITE 300 FT. LAUDERDALE FL 33309	
2. Principal Place of Business 6545 NOVA DR		3. Mailing Address 6545 NOVA DR		 MOORE CR2E083 (11/03)	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201			
City & State DAVIE FLORIDA		City & State DAVIE FL			
Zip 33317		Zip 33317			
Country USA		Country USA		4. FEI Number 01-0742737	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLUTY, JOHN M 1451 W CYPRESS CREEK ROAD SUITE 300 FT. LAUDERDALE FL 33309				7. Name and Address of New Registered Agent Name FLUTY, JOHN M Street Address (P.O. Box Number is Not Acceptable) 6545 NOVA DR #201 City DAVIE FL Zip Code 33317	
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 <u><i>John M Fluty</i></u> JOHN M. FLUTY DATE <u>3/19/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLUTY, JOHN M 1451 W CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6545 NOVA DR #201 DAVIE, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODS, JOHN J III 231 S. BEMISTON AVE. #800 ST. LOUIS MO 63105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLONIM, ROBERT G 231 S. BEMISTON AVE. #800 ST. LOUIS MO 63105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>John M Fluty</i></u> JOHN M. FLUTY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3-19-04 954-473-2719 <small>Date Daytime Phone #</small>		