

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90012 043 \*\*\*\*55.00

<b>DOCUMENT # M04000003562</b> 1. Entity Name <b>PNEUMATIC HAULERS, LLC</b>					
Principal Place of Business <b>10405 INNISBROOK DRIVE JACKSONVILLE, FL 32222</b>			Mailing Address <b>10405 INNISBROOK DRIVE JACKSONVILLE, FL 32222</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-0544871</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04112005    Chg-LLC    CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>LANDIS, LYNN 10405 INNISBROOK DRIVE JACKSONVILLE, FL 32222</b>			7. Name and Address of New Registered Agent Name <b>JAMES R. LANDIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>10405 INNISBROOK DR</b> City <b>JACKSONVILLE</b> FL    Zip Code <b>32222</b>		
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>James R. Landis</i></u> DATE <u><b>4-13-05</b></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERT LYNN LANDIS 10405 INNISBROOK DRIVE JACKSONVILLE, FL 32222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEGGY N. LANDIS 10405 INNISBROOK DR JACKSONVILLE, FL 32222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDIS, JAMES R 10405 INNISBROOK DRIVE JACKSONVILLE, FL 32222 <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>James R. Landis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><b>4-13-05</b></u> Daytime Phone # <u><b>904 779-6637</b></u>		