

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90196 036 \*\*\*\*50.00

**DOCUMENT # M99000000722**

1. Entity Name

FREIGHTLINER OF TAMPA LLC



Principal Place of Business

8211 ADAMO DR  
TAMPA FL 33619

Mailing Address

8211 ADAMO DR  
TAMPA FL 33619

24011000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3574641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARKER, JOHN  
8211 ADAMO DR  
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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.

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME GORDON, WILLIAM G  
STREET ADDRESS 2701 NW VAUGHN STE 776  
CITY-ST-ZIP PORTLAND OR 97210

TITLE MGR ☐ Delete  
NAME PLATT, KELLEY  
STREET ADDRESS 2701 NW VAUGHN STE 900  
CITY-ST-ZIP PORTLAND OR 97210

TITLE MGR ☐ Delete  
NAME EDWARDSSEN, J. CHRIS  
STREET ADDRESS 4747 N CHANNEL AVE  
CITY-ST-ZIP PORTLAND OR 97217

TITLE MGR ☐ Delete  
NAME BARKER, JOHN  
STREET ADDRESS 8211 ADAMO DR  
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Change ☐ Addition  
NAME BRAD PRIOR  
STREET ADDRESS 8211 ADAMO DR  
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jeffrey D. Coole*

JEFFREY D. COOLE

2/5/04

(813)621-6931