


• 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90099 012 ****50.00

DOCUMENT # L01000003438	
1. Entity Name A TRUCK LINE, LLC	

Principal Place of Business 2 GUERDON ROAD LAKE CITY, FL 32055	Mailing Address PO BOX 1829 LAKE CITY, FL 32056
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Z0043333



DO NOT WRITE IN THIS SPACE

04142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3700850	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCRAE & METCALF, P.A.
 1677 MAHAN CENTER BOULEVARD
 TALLAHASSEE, FL 32308

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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	MGRM ANDERSON, JOEY 2 GUERDON ROAD 871 NW Guerdon St. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, DOUG 2 GUERDON ROAD 871 NW Guerdon St. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHREIBER, BRIAN 2 GUERDON ROAD 871 NW Guerdon St. LAKE CITY, FL 32055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: Brian Schreiber **BRIAN SCHREIBER** 4/20/05 386-752-7585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #