2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049862

Entity Name: CAUSSEAUX TRACTOR WORKS LLC

FILED May 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

140 SANDERS CEMETERY RD SOPCHOPPY, FL 32358

Current Mailing Address: New Mailing Address:

140 SANDERS CEMETERY RD SOPCHOPPY, FL 32358

FEI Number: 30-0210850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAUSSEAUX, JOE E

140 SANDERS CEMETERY RD
SOPCHOPPY, FL 32358 US

CAUSSEAUX, ANN P MGRM
140 SANDERS CEMETERY RD
SOPCHOPPY, FL 32358 US

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.

SIGNATURE: ANN P. CAUSSEAUX 05/07/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 CAUSSEAUX, JOE E
 Name:

 Address:
 140 SANDERS CEMETERY RD
 Address:

 City-St-Zip:
 SOPCHOPPY, FL 32358
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CAUSSEAUX, ANN Name: CAUSSEAUX, ANN P MGRM Address: 140 SANDERS CEMETERY RD Address: 140 SANDERS CEMETERY RD City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: SOPCHOPPY, FL 32358 WA

Title: MGRM () Delete Title: MGRM (X) Change () Addition PORTER, STEPHEN Name: PORTER, STEPHEN A MGRM Name: Address: 8 BACKHORN CREEK RD Address: 8 BACKHORN CREEK RD City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: SOPCHOPPY, FL 32358 WA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANN P. CAUSSEUAX MGRM 05/07/2007