


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90048 008 \*\*\*\*55.00

<b>DOCUMENT # L05000055398</b>					
1. Entity Name C. R. RIDDICK TRUCKING LLC					
Principal Place of Business 5473 BENCHMARK LANE SUITE 171 SANFORD, FL 32773 US			Mailing Address 5473 BENCHMARK LANE SUITE 171 SANFORD, FL 32773 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	01042006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARLTON, RIDDICK R 5473 BENCHMARK LANE SUITE 171 SANFORD, FL 32773			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME		TITLE	NAME	
	STREET ADDRESS			STREET ADDRESS	
	CITY - ST - ZIP			CITY - ST - ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	Handwritten: <i>Managing Member</i>				
	Handwritten: <i>Carlton R. Riddick</i>				
	Handwritten: <i>5473 Benchmark Ln 171</i>				
	Handwritten: <i>Sanford FL 32773</i>				
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Carlton R. Riddick</i>			Date: <i>1-4-06</i>		Daytime Phone #: <i>240-460-7945</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30000562



ATTACHMENT 30000562



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2006

C. R. RIDDICK TRUCKING LLC  
5473 BENCHMARK LANE  
SUITE 171  
SANFORD, FL 32773 US

Subject: C. R. RIDDICK TRUCKING LLC

Reference Number: **L05000055398**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION