→ ⊶2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # L0000006597 04-09-2007 90356 002 ****50.00 INTERNATIONAL BARGE AND EQUIPMENT COMPANY, Principal Place of Business Mailing Address 385 RIVERBEND ROAD 385 RIVERBEND ROAD annatain SHELBYVILLE, TN 37160 SHELBYVILLE, TN 37160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 265 East River Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 58-2549896 Not Applicable <u>East Palatka, FL</u> Zip Country \$5.00 Additional US 32131 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES, RICHARD K Street Address (P.O. Box Number is Not Acceptable) **501 WEST BAY STREET** JACKSONVILLE, FL 32202 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MVP Change ☐ Addition TITLE ☐ Defete TITLE GSTOHL, KENNETH E NAME NAME 265 East River Road STREET ADDRESS STREET ADDRESS 7320 ST. RD. 13 N. East Palatka, FL 32131 ST. AUGUSTINE, FL 32092 CITY-ST-ZIP CITY-ST-78 MST ☐ Change ☐ Addition ☐ Delete TITLE TITLE STALTSMAN, JOHN B JR. NAME NAME **6221 BROWNLEE DRIVE** STREET ADDRESS STREET ADDRESS NASHVILLE, TN 37205 CITY-ST-71P CITY-ST-ZIP MP ☐ Change ☐ Addition ☐ Delete TITI F THORNTON, G.E. NAME NAME 115 MIDDLETON CIRCLE STREET ADDRESS STREET ADDRESS NASHVILLE, TN 37215 CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition ☐ Delete TITLE MCFO TITLE NEWTON, ROBERT R NAME NAME STREET ADDRESS 385 RIVERBEND ROAD STREET ADDRESS CITY-ST-ZIP SHELBYVILLE, TN 37160 CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

4-5-07 931-684-5055

Date Daytime Prone #