2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jul 06, 2005 08:00 AM DOCUMENT # L02000020490 **Secretary of State** *1. Entity Name W.E. TRUCKIN LLC Principal Place of Business Mailing Address 9183 EAST SANDPIPER DR. 9183 EAST SANDPIPER DR. INVERNESS, FL 34450 INVERNESS, FL 34450 07042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 82-0564462 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WORLEY, RANDALL W DO NOT WRITE 9183 EAST SANDPIPER DR. INVERNESS, FL 34450 IN THIS SPACE 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 September 7, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE WORLEY, RANDALL W 9183 EAST SANDPIPER DR. STREET ADDRESS U00000371034 07/06/05-80008-00[50.00 CITY-ST-ZIP INVERNESS, FL 34450 TITLE NAME WORLEY, LEWIS 1249 E. FOWLER DR. STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 pectiver of frustee empowered to execute this perfort as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

IORIZED REPRESENTATIVE