


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90179 016 ****50.00

DOCUMENT # L0200003Q276	
1. Entity Name STEEL HORSE TRUCKING, L.L.C.	

Principal Place of Business 55 TURKEY CREEK PIT ROAD DEFUNIAK SPRINGS FL 32433	Mailing Address 55 TURKEY CREEK PIT ROAD DEFUNIAK SPRINGS FL 32433
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2. Principal Place of Business - No P.O. Box # 743 Popcorn Ave Suite, Apt. #, etc.	3. Mailing Address 743 Popcorn Ave Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Defuniak Spgs; FL Zip 32433 Country Walton	City & State Defuniak Spgs; FL Zip 32433 Country Walton
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4. FEI Number 14-1854627	Applied For <input type="checkbox"/> 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 EDWARD JESSE SWEAT, JR. 55 TURKEY CREEK PIT ROAD DEFUNIAK SPRINGS FL 32433
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7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME EDWARD JESSE SWEAT, JR. STREET ADDRESS 55 TURKEY CREEK PIT ROAD CITY-STATE-ZIP DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<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 Section 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:  **5/22/07 850-892-6429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #