


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000047592</b> 1. Entity Name <b>DICK WILSON TRACTOR SERVICE LLC</b>	
--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>20223 OLD TRILBY RD DADE CITY, FL 33523 US</b>	Mailing Address <b>20223 OLD TRILBY RD DADE CITY, FL 33523 US</b>
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-0462848</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILSON, RICHARD D 20223 OLD TRILBY RD DADE CITY, FL 33523</b>
---------------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILSON, RICHARD D 20223 OLD TRILBY ROAD DADE CITY, FL 33523</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000818825  
02/18/08-80003-021 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: Richard D. Wilson 2/5/2008 (352) 583-2127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #