2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0400000368

Entity Name: BOBBY CLIFTON TRACTOR LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P.O. BOX 837, 874 EAST KICKLIGHTER ROAD 874 EAST KICKLIGHTER ROAD LAKE HELEN, FL 32744 LAKE HELEN, FL 32744

Current Mailing Address: New Mailing Address:

P.O. BOX 837, 874 EAST KICKLIGHTER ROAD 874 EAST KICKLIGHTER ROAD P.O. BOX 837 LAKE HELEN, FL 32744 LAKE HELEN, FL 32744 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete CLIFTON, ROBERT CLIFTON, ROBERT Name: Name: P.O. BOX 837, 874 EAST KICKLIGHTER ROAD Address: P.O. BOX 837 874 EAST KICKLIGHTER ROAD Address: LAKE HELEN, FL 32744

City-St-Zip: LAKE HELEN, FL 32744 City-St-Zip:

Title: Title: () Change (X) Addition () Delete

CLIFTON, ROBERT Name: Name:

Address: Address: P.O. BOX 837 874 EAST KICKLIGHTER ROAD

City-St-Zip: City-St-Zip: LAKE HELEN, FL 32744

Title: () Delete Title: () Change (X) Addition

CLIFTON, ROBERT Name: Name:

P.O. BOX 837 874 EAST KICKLIGHTER ROAD Address: Address:

City-St-Zip: City-St-Zip: LAKE HELEN, FL 32744

Title: () Delete Title: () Change (X) Addition

Name: Name: CLIFTON, ROBERT

P.O. BOX 837 874 EAST KICKLIGHTER ROAD Address: Address: City-St-Zip:

City-St-Zip: LAKE HELEN, FL 32744

Title: () Delete Title: () Change (X) Addition

CLIFTON, ROBERT Name: Name:

P.O. BOX 837 874 EAST KICKLIGHTER ROAD Address: Address:

City-St-Zip: City-St-Zip: LAKE HELEN, FL 32744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT H. CLIFTON **MGRM** 04/26/2007