2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 27, 2006 8:00 am – Secretary of State

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DOCUMENT # L0400001250 1. Entity Name J AND D TRUCK LEASING AND SALES, LLC					03-27-200	6 90049 02	20 ****5	60.00
Principal Place	e of Business	Mailing Address				•		
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4854 SEABR		4854 SEABREEZE DR Naples, Fl 34114						
NAPLES, FL	34114	NAPLES, FL 34114						
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2 Principal P	lace of Business	3. Mailing Address						
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Suite, Apt.		Suite, Apt. #, etc.						
Juito, Apt.	<i>n</i> , oto.	Quite, Apt. 11, cic.		03162006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State		4. FEI Numb			1 140	plied For 1
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NAPLES	-	EAST LANSING,		20-046	9003			t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		5.00 Add	
34114	USA	48826-1564	USA				ee Required	1
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered A	gent	
			Name					
STEHLIK, JOHN J				10 O D N	!- **** *			
	BREEZE DR		Street Addres	ss (P.O. Box Numb	er is ivoi Acceptad	ole)		1
NAPLES, F	EL 34114							
			City			FL	Zip Code	е
	named entity submits this statement for	r the purpose of changing its i	registered office or regi	istered agent, or bo	th, in the State of F	Florida. I am fa	miliar with,	and accept
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE	Registered Agent signature req	quired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a	and utle il applicable. (NOTE	Registered Agent signature req	quired when reinstating)		DATE		
	<u> </u>	and little il applicable. (NOTE	Registered Ageni signature req	quired when reinstating)	Ma	DATE	yable to	
Fi	Signature, typed or printed name of registered agent a liling. Fee is \$50.00 ue by May 1, 2006	and title if applicable. (NOTE	Registered Agent signature req	quired when reinstating)			-	•
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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 trastee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING MANAGING MEMBER, GANAGER, ON AUTHORIZED REPRESENTATIVE Date Date