


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
Apr 21, 2005 8:00 am
Secretary of State

04-07-2005 90094 043 ****50.00

DOCUMENT # L04000003496

1. Entity Name
AL ROBINSON TRUCKING, LLC



Principal Place of Business
28088 OLD TRILBY ROAD
BROOKSVILLE, FL 34602 US

Mailing Address
28088 OLD TRILBY ROAD
BROOKSVILLE, FL 34602 US

2. Principal Place of Business
 Sute, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Sute, Apt. #, etc.
 City & State
 Zip Country

03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
650478851 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

ROBINSON, WILLIAM A
28088 OLD TRILBY ROAD
BROOKSVILLE, FL 34602

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 re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGRM ROBINSON, WILLIAM A 28088 OLD TRILBY ROAD BROOKSVILLE, FL 34602	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Robinson* **4/15/05**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #