


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003658 1. Entity Name LYLES TRUCKING LLC	
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FILED

07 FEB -5 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2775 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	Mailing Address 2775 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0019118	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	7. Name and Address of New Registered Agent
LYLES, OTHO LEROY 62 RUSSELLE DR CRAWFORDVILLE, FL 21227	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State .
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM LYLES, OTHO LEROY <input type="checkbox"/> Delete	TITLE	<i>MGRM</i> <i>CHARLES L. MARSHAL</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYLES, OTHO LEROY	NAME	<i>CHARLES L. MARSHAL</i>
STREET ADDRESS	520 WAKULLA-ARRAN RD	STREET ADDRESS	<i>2775 Crawfordville Hwy</i>
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	<i>Crawfordville FL 32327</i>
TITLE	MGRM MCLANE, TERRY <input type="checkbox"/> Delete	TITLE	
NAME	MCLANE, TERRY	NAME	
STREET ADDRESS	38 STANLEY DR	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	000089242860
STREET ADDRESS		STREET ADDRESS	02/13/07--01049--016 **50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 <i>OTHO LEROY LYLES</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date _____ Daytime Phone # _____
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