


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90137 004 \*\*\*\*50.00

**DOCUMENT # L04000011459**

1. Entity Name  
 C H & J TRUCKING LLC



Principal Place of Business  
 589 W PENIEL ROAD  
 PALATKA, FL 32177 US

Mailing Address  
 589 W PENIEL ROAD  
 PALATKA, FL 32177 US

40021997

2. Principal Place of Business  
 589 W PENIEL RD  
 Suite, Apt. #, etc.

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.



03102005 Chg-LLC CR2E083 (10/03)

City & State  
 PALATKA, FLA  
 Zip 32177 Country USA

City & State  
 Zip Country

4. FEI Number  
 47-0937837

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, CARLOS M  
 589 W PENIEL ROAD  
 PALATKA, FL 32177

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 *Carlos M Hernandez* DATE 3-12-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

**Make check payable to**  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                 |                                  |
|--|----------------------------------|
| TITLE<br>MGR <input type="checkbox"/> Delete | NAME<br>HERNANDEZ, CARLOS M      |
| STREET ADDRESS<br>589 W PENIEL ROAD          | CITY-ST-ZIP<br>PALATKA, FL 32177 |
| TITLE<br><input type="checkbox"/> Delete     | NAME                             |
| STREET ADDRESS                               | CITY-ST-ZIP                      |
| TITLE<br><input type="checkbox"/> Delete     | NAME                             |
| STREET ADDRESS                               | CITY-ST-ZIP                      |
| TITLE<br><input type="checkbox"/> Delete     | NAME                             |
| STREET ADDRESS                               | CITY-ST-ZIP                      |
| TITLE<br><input type="checkbox"/> Delete     | NAME                             |
| STREET ADDRESS                               | CITY-ST-ZIP                      |

| 10. ADDITIONS/CHANGES   |             |
|---|-------------|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
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| STREET ADDRESS  | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME        |
| STREET ADDRESS  | CITY-ST-ZIP |

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: *Carlos M Hernandez* DATE: 3-12-05 DAYTIME PHONE #: 386-9376004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE