

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015264

FILED  
Aug 29, 2005  
Secretary of State

Entity Name: WILD HORSE TRUCKING, LLC.

## Current Principal Place of Business:

5615 KILARNEY AVE.  
FORT PIERCE, FL 34951 US

## New Principal Place of Business:

8200 PENNY LANE  
FORT PIERCE, FL 34951 US

## Current Mailing Address:

5615 KILARNEY AVE.  
FORT PIERCE, FL 34951 US

## New Mailing Address:

8200 PENNY LANE  
FORT PIERCE, FL 34951 US

FEI Number: 20-0776369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BURTON, JAMES R  
5615 KILARNEY AVE.  
FORT PIERCE, FL 34951 US

## Name and Address of New Registered Agent:

ABERCROMBIE, TOBY T  
8200 PENNY LANE  
FORT PIERCE, FL 34951 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: TOBY ABERCROMBIE

08/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete  
Name: BURTON, JAMES R  
Address: 5615 KILARNEY AVE.  
City-St-Zip: FORT PIERCE, FL 34951 US

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: ABERCROMBIE, TOBY T  
Address: 8200 PENNY LANE  
City-St-Zip: FORT PIERCE, FL 34951 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOBY ABERCROMBIE

PRES

08/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date