2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-29-2007 90179 003 ****50.00
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FILED

2007 APR 11 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03172007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000024910

1. Entity Name
USED TRUCKS OF AMERICA LLC

Principal Place of Business	Mailing Address
8513-C SUNSTATE STREET TAMPA, FL 33634 US	8513-C SUNSTATE STREET TAMPA, FL 33634 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	5830 Fish Crow Pl PO BOX 1804
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Land O Lakes FL
Zip / Country	Zip: 3433 / Country: Pasco

4. FEI Number: 20-1545830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
T&A TRUCK SPECIALIST, INC 8513-B SUNSTATE STREET TAMPA, FL 33634	Name: Kelyem Cruz Street Address (P.O. Box Number is Not Acceptable): 5830 Fish Crow Place City: Land O Lakes FL Zip Code 34639

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 [signature] KELYEM CRUZ 3/15/2007
Signature, typed or printed name of registered agent and title if applicable. (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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUZ, ANIBAL 5830 FISHCRAW PARK LAND O LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cruz Anibal 5830 Fish Crow Place Land O Lakes, FL 34639	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, TOM H 22927 BROADERWOOD CT LAND O LAKES, FL 34639	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cruz Kelyem 5830 Fish Crow Place Land O Lakes FL 34639	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Anibal Cruz 3/15/2007 (813) 363 2295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #