2008 LIMITED LIABILITY COMPANY

Apr 07, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L04000039664 MAE TRUCKING, LLC Principal Place of Business Mailing Address 15616 PETTICOAT LANE 15616 PETTICOAT LANE' HUDSON, FL 34667 US HUDSON, FL 34667 US CR2E083 (12/07) 03262008No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-1160308 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLWOOD, MARK DO NOT WRITE 15616 PETTICOAT LANE HUDSON, FL 34667 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ELLWOOD, MARK NAME STREET ADDRESS 15616 PETTICOAT LANE **HUDSON, FL 34667** CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP III STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

4-5-08 727-863*-03*70 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

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.