

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000040055

1. Entity Name  
LONEWOLF TRAILERS LLC



Principal Place of Business  
110 29TH STREET SW  
NAPLES, FL 34117

Mailing Address  
110 29TH STREET SW  
NAPLES, FL 34117

**DO NOT WRITE IN THIS SPACE**

04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1215186

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTH ACCOUNTING PA  
501 GOODLETTE RD N  
D-304  
NAPLES, FL 34102

**DO NOT WRITE  
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)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

000000502855  
04/26/06-80007-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FOSTER, JAMES D  
110 29TH STREET SW  
NAPLES, FL 34117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

JAMES D FOSTER  
James D. Foster

4/7/06 (239)353 2534

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

Date

Daytime Phone #