

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055770

FILED
Aug 02, 2006
Secretary of State

Entity Name: EX-TRUCKING LLC

Current Principal Place of Business:

4466 SPRING GLEN ROAD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

14039 FISH EAGLE DR. E
JACKSONVILLE, FL 32226 US

Current Mailing Address:

4466 SPRING GLEN ROAD
JACKSONVILLE, FL 32211 US

New Mailing Address:

PO BOX 40855
JACKSONVILLE, FL 32203 US

FEI Number: 59-3355782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BROOKS, ALEXANDER C
4466 SPRING GLEN ROAD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

BROOKS, ALEXANDER C
14039 FISH EAGLE DR. E
JACKSONVILLE, FL 32226 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: ALEXANDER C. BROOKS

08/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROOKS, ALEXANDER C
Address: 4466 SPRING GLEN ROAD
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROOKS, ALEXANDER C
Address: 14039 FISH EAGLE DR. E
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALEXANDER C. BROOKS

MGR

08/02/2006

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