

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057095

Entity Name: BUTLER TRUCKING, L.L.C.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

6254 LAKE PLANTATION DRIVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6254 LAKE PLANTATION DRIVE
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 41-2146190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE. 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

BUTLER, LELIA F MGRM
6254 LAKE PLANTATION DRIVE
JACKSONVILLE, FL 32244 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: LELIA FAYE BUTLER

04/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BUTLER, MILTON III
Address: 6254 LAKE PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM () Delete
Name: BUTLER, LELIA
Address: 6254 LAKE PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BUTLER, LELIA F
Address: 6254 LAKE PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

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: LELIA FAYE BUTLER

MGRM

04/14/2005

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