2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Jul 28, 2005 8:00 am DOCUMENT # L04000064255 **Secretary of State** 07-28-2005 90069 046 ****55.00 DAVID W. EARLE TRUCKING LLC Principal Place of Business Mailing Address 1921 SPARROW LANE 1921 SPARROW LANE NAVARRE FL 32566 NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address 7307 Broadmoor St 7307 Broadmoor st Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For Navarre Florida FLOND A 31-1816515 NAUATE Not Applicable Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired 32566 South-ROSA SANTA-ROSA 32666 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EARLE DAVID W JR EARLE, DAVID W JR. Street Address (P.O. Box Number is Not Acceptable) 1921 SPARROW LANE NAVARRE FL 32566 Broad moor FL ションセンチク 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Change THLE MGR TITLE Addition Delete EARLE DAVID W JR ADDICES EARLE, DAVID W JR. NAME NAME 7307 Broadmoor St STREET ADDRESS STREET ADDRESS 1921 SPARROW LANE CITY - ST - ZIP NAVARRE FL 32566 CITY-ST-ZIP NAVALLE FC 32566 MYR EARLE JAMIE Change BILE MGR Delete TITLE Addition NAME EARLE, JAMIE NAME 7307 Broadmoor St STREET ADDRESS STREET ADDRESS 1921 SPARROW LANE CITY ST-ZIP NAVARRE FL 32566 CITY-ST-7IP NAVAME PL 39566 TITLE Addition TITLE Delete Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiF CITY-ST-7(P THILE Delete TITLE □ Change ☐ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify 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 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 at trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED