


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90427 004 \*\*\*\*50.00

<b>DOCUMENT # L04000066659</b>			
1. Entity Name <b>VICTOR HAULING, LLC</b>			
Principal Place of Business <b>3216 S.W. 7TH PLACE CAPE CORAL, FL 33914</b>		Mailing Address <b>3216 S.W. 7TH PLACE CAPE CORAL, FL 33914</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>GAVIRIA, VICTOR M 3216 S.W. 7TH PLACE CAPE CORAL, FL 33914</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
8. The above named entry 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GAVIRIA, VICTOR M 3216 S.W. 7TH PLACE CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE: X Victor M Gaviria</b>		<b>3-30-05 (239) 945 32 80</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

30004434



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2714558** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required