

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086585

FILED
Sep 13, 2006
Secretary of State

Entity Name: QUEEN'S TRUCKING, LLC

Current Principal Place of Business:

12794 70TH PLACE NORTH
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

12385 KEY LIME BLVD
WEST PALM BEACH, FL 33412 US

Current Mailing Address:

12794 70TH PLACE NORTH
WEST PALM BEACH, FL 33412 US

New Mailing Address:

12385 KEY LIME BLVD
WEST PALM BEACH, FL 33412 US

FEI Number: 20-1939054 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:

QUEEN, MICHAEL
12794 70TH PLACE NORTH
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

QUEEN, MICHAEL
12385 KEY LIME BLVD
WEST PALM BEACH, FL 33412 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: MICHAEL D QUEEN

09/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUEEN, MICHAEL
Address: 12794 70TH PLACE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: QUEEN, MICHAEL
Address: 12385 KEY LIME BLVD
City-St-Zip: WEST PALM BEACH, FL 33412 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: MICHAEL Q

MR

09/13/2006

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