


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000094240

1. Entity Name
B & N TRACTOR SERVICE, LLC



Principal Place of Business 175 PAGE ROAD FORT MEADE, FL 33841 US	Mailing Address 175 PAGE ROAD FORT MEADE, FL 33841 US
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02242006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2080676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HELMS, NICOLE P
 175 PAGE ROAD
 FORT MEADE, FL 33841**

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6. 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 *Nicole P Helms* DATE *2/27/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELMS, NICOLE P 175 PAGE ROAD FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELMS, BARRY T 175 PAGE ROAD FORT MEADE, FL 33841
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 04/11/06-80057-010 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Nicole P. Helms* DATE *2/27/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #