


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90273 022 ****50.00

DOCUMENT # L0500000501

1. Entity Name
J & J TRACTOR SERVICE, L.L.C.



Principal Place of Business Mailing Address

5508 KILLARNEY AVENUE **5508 KILLARNEY AVENUE**
FT. PIERCE FL 34951 **FT. PIERCE FL 34951**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent

WATKINS, SHERRI C
5508 KILLARNEY AVENUE
FT. PIERCE FL 34951

4. FEI Number **20-2127662** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WATKINS, SHERRI C	
STREET ADDRESS	5508 KILLARNEY AVENUE	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CAPPS, DAVID A	
STREET ADDRESS	5508 KILLARNEY AVENUE	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Sherri C.	
STREET ADDRESS	5508 Killarney Avenue	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	Mgrm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Capps, David A.	
STREET ADDRESS	4920 Tractor Trail	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sherrri C. Watkins 2/10/06 772-216-3137

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