


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000000501

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



Principal Place of Business 5508 KILLARNEY AVENUE FT. PIERCE, FL 34951	Mailing Address 5508 KILLARNEY AVENUE FT. PIERCE, FL 34951
---	---

DO NOT WRITE IN THIS SPACE



02152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2127662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, SHERRI C 5508 KILLARNEY AVENUE FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPS, DAVID A 4920 TREETOP TRAIL FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000936063
 05/23/08-80097-007 138.75

DO NOT WRITE IN THIS SPACE

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: Sherril C. Watkins **4-27-08** **772-216-3137**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #