

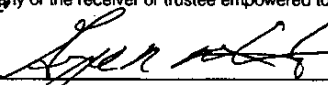


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90209 050 \*\*\*\*50.00

<b>DOCUMENT # L05000001616</b> 1. Entity Name <b>PUTNAM TRUCK &amp; TRAILOR</b>					
Principal Place of Business <b>1024 SR.19N. PALATKA, FL 32177</b>			Mailing Address <b>201 PENNSYLVANIA AVE. P.O. BOX 953 HOLLISTER, FL 32147</b>		
2. Principal Place of Business <b>117 WEST TOWLES AVE</b>		3. Mailing Address <b>117 WEST TOWLES AVE</b>			
Suite, Apt. #, etc. <b>117 West Towles Rd</b>		Suite, Apt. #, etc. 			
City & State <b>PALATKA FL</b>		City & State <b>PALATKA FL</b>		4. FEI Number <b>59-3792745</b>	
Zip <b>32177</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WHITEHILL, GEORGE R 201 PENNSYLVANIA AVE. HOLLISTER, FL 32147</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <b>3-28-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			<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 WHITEHILL, GEORGE R 201 PENNSYLVANIA AVE. /P.O. BOX 953 HOLLISTER, FL 32147</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WHITEHILL, LORRAINE A 201 PENNSYLVANIA AVE. /P.O. BOX 953 HOLLISTER, FL 32147</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE <b>3-28-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		