2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 16, 2006
Secretary of State

DOCUMENT# L05000005949

Entity Name: GUARANTEED TRUCKING, LLC

Current Principal Place of Business:

PO BOX 18224
JACKSONVILLE, FL 32229 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 18224
JACKSONVILLE, FL 32229 US

New Mailing Address:

FEI Number: 02-0736490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARGIN, JOHNNY E
13948 BRADLEY COVE RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LARGIN, JOHNNY E
Address: PO BOX 18224
City-St-Zip: JACKSONVILLE, FL 32229 US

Title: MGRM (X) Delete
Name: LARGIN, KRISTY B
Address: PO BOX 18224
City-St-Zip: JACKSONVILLE, FL 32229 US

Title: MBR (X) Delete
Name: SAUNDERS, SEAN
Address: PO BOX 18224
City-St-Zip: JACKSONVILLE, FL 32229 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LARGIN, JOHNNY E
Address: PO BOX 18224
City-St-Zip: JACKSONVILLE, FL 32229 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHNNY LARGIN MGR 11/16/2006

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