2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016486

FILED Feb 19, 2007 08:00 AM **Secretary of State**

LEHIGH ACRES, FL 33936

SHORT TRUCKING LLC

Principal Place of Business Mailing Address 1704 LEE AVE.

1704 LEE AVE.

LEHIGH ACRES, FL 33936



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0809615

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORT, ROBERT 1704 LEE AVE. LEHIGH ACRES, FL 33936

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 Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algreture regulated when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHORT, ROBERT 1704 LEE AVE. LEHIGH ACRES, FL 33936		
TITLE	MGRM		U00000639263
NAME STREET ADDRESS	SHORT, CONNIE 1704 LEE AVE.	1	02/28/07-80019-004 50.00
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE		in in	THIS SPACE
NAME STREET ADDRESS			
CITY-ST-ZIP		,	
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TITLE		1	
NAME STREET ADDRESS	er .		
CITY-ST-ZIP		1	
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.			