


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90069 035 ****50.00

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|---|---|
| DOCUMENT # L05000024135 |  |
| 1. Entity Name FLORIDA LOCOMOTIVE DISMANTLERS, LLC | |

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| Principal Place of Business 2647 SW HAREM CIRCLE PORT ST LUCIE, FL 34953 | Mailing Address 2647 SW HAREM CIRCLE PORT ST LUCIE, FL 34953 |
|--|--|

20040966



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04292006 Chg-LLC CR2E083 (11/05)

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|---------------|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
|---------------|---|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| | |
|--|--|
| 6. Name and Address of Current Registered Agent CATALANO, MANDIE 6016 PEREGRINE AVENUE ORLANDO, FL 32819-7520 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2647 SW Harem Circle City Port St. Lucie FL Zip Code 34953 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Thomas E. Catalano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #