


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

06-22-2006 90196 009 \*\*\*\*50.00

**DOCUMENT # L05000030028**

1. Entity Name  
**SIDEKICK TRAILERS, LLC**



Principal Place of Business  
**3000 WEST I-20  
 MIDLAND, TX 79702**

Mailing Address  
**P.O. BOX 2876  
 MIDLAND, TX 79702**

2. Principal Place of Business  
**5700 Industrial Blvd**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Milton FL**

City & State  
 City & State

Zip  
**32583** Country  
**Santa Rosa**

Zip Country

02152006 Chg-LLC CR2E083 (11/06)

4. FEI Number  
**26-0110314** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



6. Name and Address of Current Registered Agent

**HUSTON, GARY W  
 125 WEST ROMANA STREET  
 SUITE 800  
 PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2008**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President TMP Companies, Inc <input type="checkbox"/> Delete</b> <b>Thomas M. Patterson</b> <b>3000 West I-20</b> <b>Midland, TX 79702</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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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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

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 606, Florida Statutes.

SIGNATURE: Cade Walton **Cade Walton** 4/18/06 **4326943800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #