
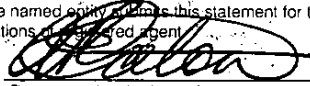
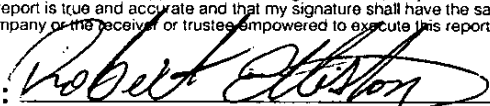


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 039 ****55.00

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # L05000032220 1. Entity Name ELLISTON TRUCKING & TRANSPORT LLC | | | |  | |
| Principal Place of Business 6122 WASHINGTON STREET SUITE 2 HOLLYWOOD, FL 33023 US | | | Mailing Address 6122 WASHINGTON STREET SUITE 2 HOLLYWOOD, FL 33023 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent LAW OFFICES OF ANDREAN EATON, P.A. 6122 WASHINGTON STREET SUITE 2 HOLLYWOOD, FL 33023 | | | 7. Name and Address of New Registered Agent Name ANDREAN EATON Street Address (P.O. Box Number is Not Acceptable) 6122 WASHINGTON ST., STE. 2 City HOLLYWOOD FL 33023 | | |
| 8. The above named entity certifies 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, the registered agent. | | | | | |
| SIGNATURE  | | DATE 8/2/06 | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ELLISTON, ROBERT 2007 NW 192 LANE MIAMI, FL 33066 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | ROBERT ELLISTON 19031 NW 12 AVE MIAMI FL 33169 <input checked="" 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 | |
| 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 | |
| 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 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | Date 07.28-06 Daytime Phone # 98437440707 | | |