


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # L05000047142 | |  |
| 1. Entity Name SUN STATE INTERNATIONAL TRUCKS OF CENTRAL FLORIDA, LLC | | |
| Principal Place of Business 41609 HIGHWAY 27 DAVENPORT, FL 33837 | Mailing Address 6020 ADAMS DR TAMPA, FL 33619 | |



04172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-2841337 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent HORTON, OSCAR 6020 ADAMO DRIVE TAMPA, FL 33619 | 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 signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000728876
05/08/07-80012-043 220.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HORTON, OSCAR 6020 ADAMS DR TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HOCKEMEYER, KATHY 6020 ADAMS DR TAMPA, FL 33619 |
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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: Barbara J. Crow **BARBARA J. CROW** **4/17/07 813-621-1331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #