


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L05000053611 |  |
| 1. Entity Name SCHENK TRUCKING, LLC | |

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| Principal Place of Business 6845 DELANO AVE INDIAN LAKES ESTATES, FL 33855 | Mailing Address P.O. BOX 7238 INDIAN LAKES ESTATES, FL 33855 |
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01252007No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 26-0125008 | Applied For Not Applicable |
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| 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

SCHENK, RAY
 6845 DELANO AVE
 INDIAN LAKES ESTATES, FL 33855

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHENK, LINDA 6845 DELANO AVE INDIAN LAKE ESTATES, FL 33855 |
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1000000650412
 03/08/07-80012-018 50.00

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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: *Raymond Schenk* Date: 2-15-07 Daytime Phone #: 8635819983

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