

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056754

Entity Name: BROTHERS TOWING LLC

FILED
Jun 01, 2006
Secretary of State

Current Principal Place of Business:

1322 FOXBORO DR
BRANDON, FL 33511

New Principal Place of Business:

7508 MALTA LANE
TAMPA, FL 33637

Current Mailing Address:

P O BOX 1013
BRANDON, FL 33509

New Mailing Address:

7508 MALTA LANE
TAMPA, FL 33637

FEI Number: 04-3817036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MENDEZ, WALTER E
1322 FOXBORO DR
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

MENDEZ, WALTER E
7508 MALTA LANE
TAMPA, FL 33637 US

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.

SIGNATURE: WALTER E MENDEZ

06/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MENDEZ, WALTER E
Address: 1322 FOXBORO DR
City-St-Zip: BRANDON, FL 33511

Title: MGR (X) Delete
Name: STRICKLAND, MARTHA P
Address: 7630 MADRANA
City-St-Zip: FONTANA, CA 92336

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MENDEZ, WALTER E
Address: 7508 MALTA LANE
City-St-Zip: TAMPA, FL 33637

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER E MENDEZ

MGR

06/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date