

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90052 049 \*\*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                              |                                                                     |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000060368</b><br>1. Entity Name<br><b>WORLEY TRUCKING LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                              |                                                                     |  |  |
| Principal Place of Business<br><b>5009 SE 60TH AVENUE<br/>TRENTON, FL 32693</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                              | Mailing Address<br><b>5009 SE 60TH AVENUE<br/>TRENTON, FL 32693</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | 3. Mailing Address                                           |                                                                     |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | Suite, Apt. #, etc.                                          |                                                                     |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | City & State                                                 |                                                                     |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                           | Zip                                                          | Country                                                             |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                              |                                                                     | 7. Name and Address of New Registered Agent                                       |  |
| <b>WORLEY, TINA M<br/>5009 SE 60TH AVENUE<br/>TRENTON, FL 32693</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                              |                                                                     | Name                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                              |                                                                     | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                              |                                                                     |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                              |                                                                     | City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                              |                                                                     |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | <b>Make check payable to<br/>Florida Department of State</b> |                                                                     |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                              | 10. ADDITIONS/CHANGES                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>WORLEY, HUBERT M JR<br/>5009 SE 60TH AVENUE<br/>TRENTON, FL 32693</b> <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGRM<br/>WORLEY, TINA M<br/>5009 SE 60TH AVENUE<br/>TRENTON, FL 32693</b> <input type="checkbox"/> Delete      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                   |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                   |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                   |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                   |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                   |                                                              |                                                                     |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Tina M. Worley</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                              | 01/09/05 (352) 472-5820<br><small>Date Daytime Phone #</small>      |                                                                                   |  |