## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90080 011 \*\*\*\*50.00

DOCUMENT # L05000064073  1. Entity Name NEXT GENERATION TRACTOR SERVICE LLC						04-30-2007				
Principal Place C/O 829-D N FORT MEADE	ORTH LANIER AVE	Mailing Address C/O 829-D NORTH LANIER AVE FORT MEADE, FL 33841			·	60046355				
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192007	Chg-LLC	CR2E	083 (12/06)			
City & State		City & State		4. FEI Numb 20-309			-	plied For t Applicable		
Zip	Country	Zip	Coun	try ,		of Status Desired		\$5.00 Add Fee Required	itional 1	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New F	Registered	Agent		
\/A! =:	IE DEMANA (ANIME			Name						
829-D NOF	IE, REVA YVONNE RTH LANIER AVE ADE, FL 33841			Street Addre	ess (P.O. Box Numb	er is Not Acceptable	e)			
FOR I ME	NUE, FL 33041		Σ Σ							
	•		I	City			FL	Zip Code	•	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	register	ed office or reg	gistered agent, or bo	th, in the State of Fl	orida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	: Registere	d Agent signature re	quired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Fiorida Department of State				
						Florid	a Departm	nent of State	•	
		ERS/MANAGERS	10.				a Departm	nent of State		
` ' Di	ue by May 1, 2007	ERS/MANAGERS	10.	E		Florid	a Departm	nent of State	Addition	
9. TITLE NAME	MANAGING MEMB MGRM HELMS, TOMMIE SUE	Delete	TITL NAM	E		Florid	a Departm	nent of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM HELMS, TOMMIE SUE 800 2ND ST S.E P.O. BOX 10	Delete	TITL NAM STRE	E EET ADDRESS		Florid	a Departm	nent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGRM HELMS, TOMMIE SUE 800 2ND ST S.E P.O. BOX 10 FORT MEADE, FL 33841	☐ Delete	TITL NAM STRE CITY	E EET AODRESS -ST-ZIP		Florid	a Departm	Change	Addition	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGRM HELMS, TOMMIE SUE 800 2ND ST S.E P.O. BOX 10 FORT MEADE, FL 33841 MGRM OLIPHANT, KENNEY RAY	Delete	TITL NAM STRE CITY TITL NAM	EET ADDRESS -ST-ZIP		Florid	a Departm	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMB MGRM HELMS, TOMMIE SUE 800 2ND ST S.E P.O. BOX 10 FORT MEADE, FL 33841 MGRM	Delete	TITL NAM STRE CITY TITL NAM STRE	E EET ADDRESS -ST-ZIP		Florid	a Departm	Change	Addition	
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1. 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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