
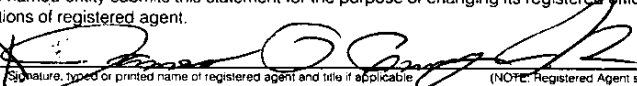
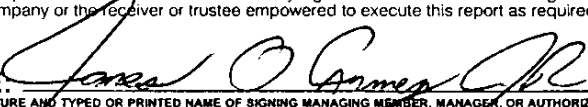


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90083 011 ****50.00

DOCUMENT # L05000067816					
1. Entity Name CARNEY AUTO TRANSPORT LLC					
Principal Place of Business 2601 S.W. 186TH CT. DUNNELLON, FL 34432			Mailing Address 2601 S.W. 186TH CT. DUNNELLON, FL 34432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country MARION	Zip	Country MARION	4. FEI Number 11-3753128	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARNEY, PATTI E 2601 S.W. 186TH CT. DUNNELLON, FL 34432				7. Name and Address of New Registered Agent Name: James O. Carney JR Street Address (P.O. Box Number is Not Acceptable): 2601 SW 186TH CT City: Dunnellon, FL Zip Code: 34432	
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: 4-26-06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARNEY, JAMES O JR 2601 S.W. 186TH CT. DUNNELLON, FL 34432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARNEY, James O JR 2601 S.W. 186TH CT Dunnellon, FL 34432
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARNEY, PATTI E 2601 S.W. 186TH CT. DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<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.					
SIGNATURE: 				DATE: 4-26-06 (352) 465-3170	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	