


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Jun 02, 2006 8:00 am  
Secretary of State

05-01-2006 90084 034 \*\*\*\*50.00

<b>DOCUMENT # L05000068334</b>					
1. Entity Name <b>JIMBO'S LOADER SERVICE L.L.C.</b>					
Principal Place of Business <b>141 S GREENSTAR AVE. PAHOKEE, FL 33476</b>			Mailing Address <b>141 S GREENSTAR AVE. PAHOKEE, FL 33476</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>55-0900364</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WEEKS, JAMES M 141 S GREENSTAR AVE. PAHOKEE, FL 33476</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____					
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	MGRM WEEKS, JAMES M 141 S GREENSTAR AVE. PAHOKEE, FL 33476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 606, Florida Statutes.					
SIGNATURE: <i>James M. Weeks</i>			Date: <i>4-27-06</i> (561)-262-2427		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		