


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

02-27-2006 90418 029 ****50.00

| | | |
|--|--|---|
| DOCUMENT # L05000077776 | |  |
| 1. Entity Name DEREK PFISTER TRACTOR SERVICE L.L.C. | | |

| | |
|---|---|
| Principal Place of Business 7620 OKEECHOBEE RD. FT. PIERCE, FL 34945 US | Mailing Address 7620 OKEECHOBEE RD. FT. PIERCE, FL 34945 US |
|---|---|

30000000



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|---|---|
| 2. Principal Place of Business 7620 Okeechobee Rd Suite, Apt. #, etc. | 3. Mailing Address 7620 Okeechobee Rd Suite, Apt. #, etc. |
|---|---|

02172006 Chg-LLC CR2E083 (11/05)

| | | | |
|------------------------------|------------------------------|-----------------------------|--|
| City & State FT Pierce FL | City & State FT Pierce FL | 4. FEI Number 71-0991290 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34945 | Country USA | Zip 34945 | Country USA |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | |
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| 6. Name and Address of Current Registered Agent PFISTER, DEREK J 7620 OKEECHOBEE RD. FT. PIERCE, FL 34945 | |
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| 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 reinstating) 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 | Owner/Manager Derek J. Pfister 7620 Okeechobee Rd FT Pierce, FL 34945 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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.

SIGNATURE: Derek J. Pfister Date: 2-22-06 Daytime Phone #: 772-461-3798

ATTACHMENT

30003315
#LO5000077776

| | | |
|--|------------------------------------|---|
| DEREK JAMES PFISTER 09/04 PH. 772-461-3798 7620 OKEECHOBEE RD FORT PIERCE, FL 34945-2725 | | 206 |
| DATE <u>2-22-06</u> | | 63-1114/670 |
| PAY TO THE ORDER OF | <u>FLORIDA DEPARTMENT OF STATE</u> | \$ <u>50.00</u> |
| <u>FIFTY DOLLARS & 00/100</u> | | DOLLARS  |
| RIVERSIDE NATIONAL BANK <small>RIVERSIDE NATIONAL BANK OF FLORIDA OKEECHOBEE ROAD OFFICE 001</small> | | |
| FOR | <u>Derek A. Pfister</u> | MP |

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