

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082181

FILED
May 10, 2006
Secretary of State

Entity Name: SHADOW TRAILERS OF FLORIDA, LLC

Current Principal Place of Business:

6785 WEST HIGHWAY 40
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

6785 WEST HIGHWAY 40
OCALA, FL 34482

New Mailing Address:

FEI Number: 04-3823774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PRUITT, LARRY
6785 WEST HIGHWAY 40
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRUITT, LARRY
Address: 6785 WEST HIGHWAY 40
City-St-Zip: Ocala, FL 34482

Title: MGRM () Delete
Name: ISAACS, LEE ANN
Address: 6785 WEST HIGHWAY 40
City-St-Zip: Ocala, FL 34482

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY R PRUITT

MGRM

05/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date