

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082181

FILED  
May 12, 2007  
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:**

**Name and Address of New Registered Agent:**

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

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 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 PRUITT

MGR

05/12/2007

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